2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000081934

City-St-Zip:

Entity Name: MASSAGE RESOURCES, INC.

FILED Jan 07, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 560 N. COLLIER 1001 S COLLIER SUITE 304 SUITE 304 MARCO ISLAND, FL 34145 US MARCO ISLAND, FL 34145 US **Current Mailing Address: New Mailing Address:** 1001 SOUTH COLLIER BLVD. 1001 S COLLIER SUITE 304 SUITE 304 MARCO ISLAND, FL 33937 MARCO ISLAND, FL 34145 US FEI Number: 65-0459165 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOFF, DAVID 1001 S. COLLIER #304 MARCO ISALND, FL 34145 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BOFF, ROSALIE M Name: Name: 1001 S. COLLIER BLVD., # 304 Address: Address: City-St-Zip: MARCO ISLAND, FL 33937 City-St-Zip: () Delete Title: Title: () Change () Addition BOFF, DAVID A Name: Name: 1001 S COLLIER #304 Address: Address: MARCO ISLAND, FL 34145

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSALIE M BOFF 01/07/2009 D