

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000083538

FILED
May 16, 2007
Secretary of State

Entity Name: PROFESSIONAL CENTER FOR MASSAGE THERAPY INC.

Current Principal Place of Business:

1151 SW 30TH ST., SUITE C
PALM CITY, FL 34990 US

New Principal Place of Business:

5656 SW SAVAGE ST
PALM CITY, FL 34990 US

Current Mailing Address:

5656 S.W. SAVAGE ST.
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 65-0454896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANSTETT, THOMAS
5656 S.W. SAVAGE ST.
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANSTETT, THOMAS
Address: 5656 SW SAVAGE ST
City-St-Zip: PALM CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
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: THOMAS ANSTETT

PRES

05/16/2007

Electronic Signature of Signing Officer or Director

Date