

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 04, 2005 8:00 am
Secretary of State

08-04-2005 90002 048 ***150.00



| | | | |
|---|-----------------------------------|--|---|
| DOCUMENT # P94000037135 | | 1. Entity Name ADVANCED HYPNOTHERAPY SERVICES, INC. | |
| Principal Place of Business 7101 W COMMERCIAL BLVD. 46 46 TAMARAC FL 33319 US | | Mailing Address 7101 W COMMERCIAL BLVD. 46 46 TAMARAC FL 33319 US | |
| 2. Principal Place of Business 7101 W COMMERCIAL BLVD | | 3. Mailing Address ← SAME | |
| Suite, Apt. #, etc. SUITE 46 | | Suite, Apt. #, etc. 46 | |
| City & State TAMARAC FL | | City & State | |
| Zip 33319 | Country BROWARD | Zip | Country |
| 6. Name and Address of Current Registered Agent BARON, DAVID 9201 SUNRISE LAKES BLVD SUNRISE FL 33322 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | City | Zip Code |
| FL | | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE | | DATE | |
| Signature, typed or printed name of registered agent and title if applicable | | (NOTE: Registered Agent signature required when reinstating) | |
| FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State | | S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/> | |
| 9. Election Campaign Financing | | \$5.00 May Be Added to Fees | |
| Trust Fund Contribution. <input type="checkbox"/> | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ARIEL, BENJAMIN | NAME | |
| STREET ADDRESS | 9024 VINEYARD LAKES DR. | STREET ADDRESS | |
| CITY-ST-ZIP | PLANTATION | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |



2nd MOORE CR2E034 (5/05)

4. FEI Number 65-0500078 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David Baron Reg agent 8/1/05 954 742 6097
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #