

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000064193

FILED
Apr 09, 2004
Secretary of State

Entity Name: MESSAGE THERAPY BY KATHY KEATING, INC.

Current Principal Place of Business:

600 TENNIS CLUB DR.
FT. LAUDERDALE, FL 33311 US

New Principal Place of Business:

720 NE 3RD AVE
FT. LAUDERDALE, FL 33304 US

Current Mailing Address:

4730 NE 29TH AVE
FT. LAUDERDALE, FL 33308 US

New Mailing Address:

FEI Number: 65-0519136 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEATING, KATHRYN
4730 NE 29TH AVE
FT. LAUDERDALE, FL 32308

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KEATING, KATHRYN
Address: 4730 NE 29TH AVE
City-St-Zip: FT. LAUDERDALE, FL 33308

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 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 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: KATHRYN A. KEATING

OWNE

04/09/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date