

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000071716

FILED
Apr 29, 2005
Secretary of State

Entity Name: NEURO MASSAGE THERAPISTS, INC.

Current Principal Place of Business:

1900 GLADES ROAD
STE #100
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

2295 NW CORPORATE BLVD., #140
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 65-0534090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRUDEN, JAMES
370 W. CAMINO GARDENS BLVD
201
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

PRUDEN, JAMES
980 N FEDERAL HWY
#404
BOCA RATON, FL 33432 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:

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROWN, GARY
Address: 2295 NW CORPORATE BLVD., #140
City-St-Zip: BOCA RATON, FL 33431

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: GARY BROWN

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date