2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90489 036 ***150.00

DOCUMENT # P95000018633

1. Entity Name
CLINICAL TOUCH MASSAGE, INC.

Principal Place of Business	Mailing Address
316 N JOHN YOUNG PKWY SUITE 12 KISSIMMEE, FL 34741 US	PO BOX 156 INTERCESSION CTY, FL 33848 US

94063315

04192004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4425 S. PLEASANT HILL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KISSIMMEE FL	City & State
Zip: 34746 Country: US	Zip Country

4. FEI Number: 59-3310064 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOYD, ADELE M
5068 HEATHERSTONE DR
KISSSIMMEE, FL 34758

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 1951 WINDWARD OAKS CT
City: KISSIMMEE FL Zip Code: 34746

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: Adele M Boyd/CEO ADELE M BOYD CEO 4/19/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD BOYD, ADELE M PO BOX 156 INTERCESSION CITY, FL 33848	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD BOYD, BRIAN PO BOX 156 INTERCESSION, FL 33848	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Adele M Boyd/CEO Adele M. BOYD 4/19/04 (407)847-5349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #