


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90337 015 ***150.00

DOCUMENT # P95000018633 1. Entity Name CLINICAL TOUCH MASSAGE, INC.			
Principal Place of Business 4425 S. PLEASANT HILL SUITE 12 KISSIMMEE, FL 34746 US		Mailing Address PO BOX 156 INTERCESSION CTY, FL 33848 US	
2. Principal Place of Business 4425 S. PLEASANT HILL		3. Mailing Address PO BOX 156 INTERCESSION CTY, FL 33848 US	
Suite, Apt. #, etc. NONE		Suite, Apt. #, etc. NONE	
City & State KISSIMMEE, FL		City & State KISSIMMEE, FL	
Zip 34746		Country FLORIDA	
4. FEI Number 59-3310064		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOYD, ADELE M 1951 WINDWARD OAKS CT. KISSIMMEE, FL 34746		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u><i>Adele M Boyd</i></u> DATE <u>4/12/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD <input type="checkbox"/> Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME	BOYD, ADELE M	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	PO BOX 156	STREET ADDRESS	
CITY-ST-ZIP	INTERCESSION CITY, FL 33848	CITY-ST-ZIP	
TITLE	MD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYD, BRIAN	NAME	
STREET ADDRESS	PO BOX 156	STREET ADDRESS	
CITY-ST-ZIP	INTERCESSION, FL 33848	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	
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: <u><i>Adele M Boyd</i></u> CEO ADELE M BOYD		Date <u>4/12/05</u> Daytime Phone # <u>(407) 847-5349</u>	

50038286

