

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90190 033 ***150.00

DOCUMENT # P95000018633					
1. Entity Name CLINICAL TOUCH MASSAGE, INC.					
Principal Place of Business 4425 S PLEASANT HILL KISSIMMEE, FL 34746 US			Mailing Address PO BOX 156 INTERCESSION CTY, FL 33848 US		
2. Principal Place of Business - No P.O. Box # 1951 Windward Oaks Ct.		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Kissimmee, FL		City & State		4. FEI Number 59-3310064	
Zip 34746		Country Osceola		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$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	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD BOYD, BRIAN PO BOX 156 INTERCESSION, FL 33848	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Adele M Boyd</i>		4/12/07 (407) 847-5349			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			