


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2008 8:00 am
Secretary of State

06-17-2008 90002 008 ***150.00

DOCUMENT # P95000057967	
1. Entity Name ISLAND AQUATICS & MASSAGE THERAPY, INC.	

Principal Place of Business 130 SUNRISE AVE PALM BEACH, FL 33480 US	Mailing Address PO BOX 207 LISA POWERS PALM BEACH, FL 33480 US
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DO NOT WRITE IN THIS SPACE



06042008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0616684	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent <i>Rancie Lisa</i> POWERS, LISA 2400 PRESIDENTIAL WAY, APT. 1206 WEST PALM BEACH, FL 33409	DO NOT WRITE IN THIS SPACE

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 _____
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FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Rancie</i> POWERS, LISA 2400 PRESIDENTIAL WAY, APT. 1206 WEST PALM BEACH, FL 33409
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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 reports 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>Lisa Powers</i>	Date: <i>June 10, 2008</i>	Daytime Phone #: <i>561-389-0231</i>
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