2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State
03-28-2005 90083 045 ***150.00

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1. Entity Name
KISSIMMEE MASSAGE THERAPY CARE, INC.

Principal Place of Business	Mailing Address
1400 W. OAK STREET SUITE F KISSIMMEE, FL 34741	P.O. BOX 420561 KISSIMMEE, FL 34742

03232005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Kissimmee Massage Therapy Inc	
Suite, Apt. #, etc.: 819 E. Oak St. Ste A	Suite, Apt. #, etc.:
City & State: Kissimmee, Florida	City & State:
Zip: 34744 Country: Osceola	Zip: Country:

4. FEI Number: 59-3382361 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAGRUDER, C M ESQ 220 EAST MONUMENT AVENUE #C KISSIMMEE, FL 34741	Name: Magruder, C M ESQ Street Address (P.O. Box Number is Not Acceptable): 203 S. Clyde Ave City: Kissimmee FL Zip Code: 34741

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: [signature] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 3-24-05

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	PVST MCCONNELL, KATHERINE J 1400 W. OAK STREET, SUITE F KISSIMMEE, FL 34741	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST McConnell, Katherine J 819 E. Oak St Ste A Kissimmee, FL 34744	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCONNELL, KATHERINE J 1400 W. OAK STREET SUITE F KISSIMMEE, FL 34741	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D McConnell, Katherine J 819 E. Oak St. Ste A Kissimmee, FL 34744	☒ Change ☐ Addition
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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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 3-24-05 — Daytime Phone #: 407-870-7557