


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90007 002 ***150.00

DOCUMENT # P96000011658 1. Entity Name KISSIMMEE MASSAGE THERAPY CARE, INC.	
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Principal Place of Business 819 E OAK ST SUITE A KISSIMMEE, FL 34744	Mailing Address P.O. BOX 420561 KISSIMMEE, FL 34742
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



07132006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3382361	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MAGRUDER, C M ESQ 203 S CLYDE AVE KISSIMMEE, FL 34741	
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 \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MCCONNELL, KATHERINE J 819 E OAK ST, STE A KISSIMMEE, FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCONNELL, KATHERINE J 819 E OAK ST, STE A KISSIMMEE, FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:  **7-14-06** **407-810-7557**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40100149
#P96000011658

KISSIMMEE MASSAGE THERAPY, INC.

P.O. Box 420561
Kissimmee, FL 34742

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*

HERITAGE SQUARE
819 East Oak Street Suite A
Kissimmee, FL 34744

PHONE: (407) 870-7557

FAX: (407) 870-5119

KATHERINE J. McCONNELL L.M.T.

Licensed Massage Therapist
MA14002 MM8738

July 14, 2006

Division of Corporations

Dear Florida Department of State:

I called your Questions phone number, (850) 245-6096 and could only get information through a recording. As I understand the message, I am to write you a letter and describe what has happened in reference to not receiving my notice to pay my corporate payment.

The first payment statement notice never reached me. I only received this late notice on July 5, 2006 of which I gave to my accountant. It appears that somehow this may have gotten lost in the mail or never sent. All information for mailing is correct and I have not had any problems lately receiving my mail. Could you please check your records and perhaps we may be able to find where the error may have occurred.

I am sending a check for \$150.00 number 1192, as I hope this will be acceptable.

Thank you for your understanding.

Sincerely,



Katherine J. McConnell
Kissimmee Massage Therapy Inc.