

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000086297

FILED
Apr 12, 2006
Secretary of State

Entity Name: MELBOURNE MASSAGE THERAPY, INC.

Current Principal Place of Business:

300 EAST STRAWBRIDGE AVENUE
MELBOURNE, FL 32901

New Principal Place of Business:

515 A N. HARBOR CITY BLVD.
MELBOURNE, FL 32935

Current Mailing Address:

300 EAST STRAWBRIDGE AVENUE
MELBOURNE, FL 32901

New Mailing Address:

1158 POLK ST.
MELBOURNE, FL 32935

FEI Number: 59-3411182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNOWLES, S CHRISTINE
300 E. STRAWBRIDGE AVE.
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

KNOWLES, S CHRISTINE
1158 POLK ST.
MELBOURNE, FL 32935 US

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.

SIGNATURE:

04/12/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KNOWLES, S. CHRISTINE
Address: 1158 POLK STREET
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: S. CHRISTINE KNOWLES

D

04/12/2006

Electronic Signature of Signing Officer or Director

Date