2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# P97000083325

Entity Name: HOLISTIC MASSAGE THERAPY, INCORPORATED

Current Principal Place of Business:

3090 B SOUTH THIRD ST.
JACKSONVILLE, FL 32250

New Principal Place of Business:

Current Mailing Address:

3090 B SOUTH THIRD ST.
JACKSONVILLE, FL 32250

New Mailing Address:

FEI Number: 59-3470491 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERMAN, CAROLYN
830 SOUTH THIRD ST.
#104
JACKSONVILLE, FL 32250 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVD ( ) Delete
Name: LARIZZA, MB
Address: 830 S 3RD ST, SUITE 106
City-St-Zip: JACKSONVILLE, FL 32250

Title: STD ( ) Delete
Name: RUSSAKOFF, ROBERT E
Address: 830 S 3RD ST, SUITE 106
City-St-Zip: JACKSONVILLE, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVD (X) Change ( ) Addition
Name: LARIZZA, MB
Address: 3090 B. SOUTH THIRD STREET
City-St-Zip: JACKSONVILLE, FL 32250 US

Title: STD (X) Change ( ) Addition
Name: RUSSAKOFF, ROBERT E
Address: 3090 B SOUTH THIRD STREET
City-St-Zip: JACKSONVILLE, FL 32250

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARIE B. LARIZZA PVD 04/18/2005

Electronic Signature of Signing Officer or Director — Date