

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000085350

Entity Name: THERAPY SOLUTIONS, INC.

FILED  
Jan 06, 2004  
Secretary of State

## Current Principal Place of Business:

5458 TOWN CENTER ROAD, #10  
BOCA RATON, FL 33486 US

## New Principal Place of Business:

## Current Mailing Address:

15953 DOUBLE EAGLE TRAIL  
DELRAY BEACH, FL 334469553

## New Mailing Address:

15953 DOUBLE EAGLE TRAIL  
DELRAY BEACH, FL 334469553 US

FEI Number: 65-0784279

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHWARTZ, DAWN R  
15953 DOUBLE EAGLE TRAIL  
DELRAY BEACH, FL 334469553 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: PVST ( ) Delete  
Name: SCHWARTZ, DAWN R  
Address: 15953 DOUBLE EAGLE TRAIL  
City-St-Zip: DELRAY BEACH, FL 334469553

## 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 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: DAWN R. SCHWARTZ

PVST

01/06/2004

Electronic Signature of Signing Officer or Director

Date