

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000085350

Entity Name: THERAPY SOLUTIONS, INC.

FILED
Jan 09, 2006
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

6290 LINTON BOULEVARD
SUITE 103
DELRAY BEACH, FL 33484 US

Current Mailing Address:

16023 LAUREL CREEK DRIVE
DELRAY BEACH, FL 33446 US

New Mailing Address:

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
16023 LAUREL CREEK DRIVE
DELRAY BEACH, FL 33446 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: 16023 LAUREL CREEK DRIVE
City-St-Zip: DELRAY BEACH, FL 33446

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: DAWN R SCHWARTZ

PVST

01/09/2006

Electronic Signature of Signing Officer or Director

Date