2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000085350

Entity Name: THERAPY SOLUTIONS, INC.

FILED Feb 14, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6290 LINTON BOULEVARD SUITE 103 DELRAY BEACH, FL 33484

Current Mailing Address: New Mailing Address:

16023 LAUREL CREEK DRIVE 6290 LINTON BLVD DELRAY BEACH, FL 33446 US 102

US

DELRAY BEACH, FL 33484 US

FEI Number: 65-0784279 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHWARTZ, DAWN R

16023 LAUREL CREEK DRIVE
DELRAY BEACH, FL 33446 US

SCHWARTZ, DAWN R

8821 VALHALLA DRIVE
DELRAY BEACH, FL 33446 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: 02/14/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST () Delete Title: PVST (X) Change () Addition Name: SCHWARTZ, DAWN R Name: SCHWARTZ, DAWN R

Name:SCHWARTZ, DAWN RName:SCHWARTZ, DAWN RAddress:16023 LAUREL CREEK DRIVEAddress:8821 VALHALLA DRIVECity-St-Zip:DELRAY BEACH, FL 33446City-St-Zip:DELRAY BEACH, FL 33446

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 SCHWARTZ PVST 02/14/2007