1 of 2

PROFIT CORPORATION ANNUAL REPORT 1999-2001

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 APR -2 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000044293

1. Corporation Name
CORPORATE MASSAGE THERAPY, Inc.

Principal Place of Business
328-H Banyan Blvd.
West Palm Beach, FL 33401

Mailing Address same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 5-14-98

2. Principal Place of Business
21: 328-H
22 Suite, Apt. #, etc.: Banyan Blvd
23 City & State: WPB, FL
24 Zip: 33401 25 Country: Palm Bch

2a. Mailing Address
26: same
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip: 30 Country:

4. FEI Number: 65-0842705 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
Christine Ulsett
328-H Banyan Blvd.
WPB, FL 33401

10. Name and Address of New Registered Agent
81 Name: N/A
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

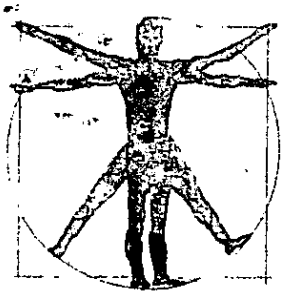
SIGNATURE: [signature] 3/26/01
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE: President/owner Christine Ulsett 328-H Banyan Blvd. WPB, FL 3	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition: 500004065555--- N/A -04/25/01--01007--03 ****450.00 ****450
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE: N/A	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition: N/A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE: N/A	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition: N/A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE: N/A	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition: N/A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE: N/A	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition: N/A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE: N/A	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition: N/A

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3/26/01 *561-833-1530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #



Corporate Massage Therapy Inc.

3/26/01

To Whom it may Concern,

It has recently come to my attention that my Corp. was dissolved by mistake back in '99, 9/24/99 to be exact. We are still active, and had the annual report forms mailed out by you sent to our office instead of a home address, since this oversight would not have occued. I mailed out the change of address forms 9/98. I have enclosed a check for the filing fees but ask that you could please waive the re-instatement fees over $1000, as a small corp. we can not afford that large of a fee especially when we have complied with formally sending change of address notifications to all parties & this one is the only that did not transfer over & be corrected this setting no report forms in the mail. Now that I've been made aware of the regulations I will gladly see that all forms are filled out & received in a timely manner.

Thank you

Kristi Hall