

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000063275

FILED
Jan 16, 2006
Secretary of State

Entity Name: MESSAGE THERAPY SPECIALISTS, INC.

Current Principal Place of Business:

5401 PINE CREEK DR
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

PO BOX 568573
ORLANDO, FL 328568573

New Mailing Address:

FEI Number: 59-3523660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALSTED, SHARON
5401 PINE CREEK DR
ORLANDO, FL 32811 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: SHARON R. WALSTED

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALSTED, SHARON R
Address: 5401 PINE CREEK DR
City-St-Zip: ORLANDO, FL 32811

Title: S () Delete
Name: WALSTED, DENNIS C
Address: 5137 LAKE MIRIAM CIRCLE
City-St-Zip: LAKELAND, FL 33813

Title: VP () Delete
Name: WALSTED-D' ANDREA, ERIKA
Address: 17800 REGIS DR.
City-St-Zip: PFLUGERVILLE, TX 78660

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHARON R. WALSTED

Electronic Signature of Signing Officer or Director

AGEN

01/16/2006

Date