

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000063275

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: MESSAGE THERAPY SPECIALISTS, INC.

## Current Principal Place of Business:

1080 CLOVERLEAF CIRCLE  
BROOKSVILLE, FL 34601 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 984  
BROOKSVILLE, FL 34605 US

## 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  
1080 CLOVERLEAF CIRCLE  
BROOKSVILLE, FL 34601 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: P ( ) Delete  
Name: WALSTED, SHARON R  
Address: 1080 CLOVERLEAF CIRCLE  
City-St-Zip: BROOKSVILLE, FL 34601 US

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition  
Name: WALSTED, SHARON R  
Address: 1080 CLOVCELEAF CIRCLE  
City-St-Zip: BROOKSVILLE, FL 34601 US

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

I hereby certify that the information supplied with this filing does not qualify 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

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date