## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 15, 2005 08:00 AM Secretary of State DOCUMENT # P98000087281 1. Entity Name A MASSAGE OASIS, INC. Principal Place of Business Mailing Address **6258 PRESIDENTIAL COURT** 6258 PRESIDENTIAL COURT SUITE 207 SUITE 207 FT. MYERS, FL 33919 FT. MYERS, FL 33919 02022005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0928743 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ 6. Name and Address of Current Registered Agent FREYSINGER, KAREN J DO NOT WRITE 18225 LINDEN RD FORT MYERS, FL 33912 IN THIS SPACE 8. 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE O FREYSINGER, KAREN J NAME STREET ADDRESS 18225 LINDEN RD FORT MYERS, FL 33912 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED