2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006
Secretary of State

DOCUMENT# P99000025622

Entity Name: MASSAGE FOR HEALTHY LIVING, INC.

Current Principal Place of Business:

3660 CENTRAL AVE
STE 6
FORT MYERS, FL 33901 US

New Principal Place of Business:

3949 EVANS AVENUE
STE 109A
FORT MYERS, FL 33901 US

Current Mailing Address:

PO BOX 7844
FT MYERS, FL 33911 US

New Mailing Address:

FEI Number: 65-0900458 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VAN WINKLE, KIM
1537 ALCAZAR AVE
FORT MYERS, FL 33901 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

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: PST ( ) Delete
Name: VAN WINKLE, KIM
Address: 1537 ALCAZAR AVE
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: KIM VAN WINKLE PST 05/09/2006

Electronic Signature of Signing Officer or Director Date