

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000029320

FILED  
Feb 13, 2006  
Secretary of State

Entity Name: THE SOUTHWEST MASSAGE SHOP, INC.

## Current Principal Place of Business:

4422 DEL PRADO BLVD  
B  
CAPE CORAL, FL 33904

## New Principal Place of Business:

## Current Mailing Address:

4422 DEL PRADO BLVD  
B  
CAPE CORAL, FL 33904

## New Mailing Address:

FEI Number: 65-0886578

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIMONE, CRAIG M  
1721 SE 47 TERR  
CAPE CORAL, FL 33904 US

## Name and Address of New Registered Agent:

SIMONE, CRAIG M  
4422 DEL PRADO BLVD.  
CAPE CORAL, FL 33904 US

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: CRAIG SIMONE

02/13/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SIMONE, CRAIG M  
Address: 1721 SE 47 TERR  
City-St-Zip: CAPE CORAL, FL 33904

Title: V ( ) Delete  
Name: SIMONE, KRISTINE L  
Address: 1721 SE 47 TERR  
City-St-Zip: CAPE CORAL, FL 33904

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SIMONE, CRAIG M  
Address: 4422 DEL PRADO BLVD.  
City-St-Zip: CAPE CORAL, FL 33904

Title: V (X) Change ( ) Addition  
Name: SIMONE, KRISTINE L  
Address: 4422 DEL PRADO BLVD  
City-St-Zip: CAPE CORAL, FL 33904

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: KRISTINE SIMONE

VP

02/13/2006

Electronic Signature of Signing Officer or Director

Date