

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000029320

FILED
Aug 30, 2007
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
4422 DEL PRADO BLVD.
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

SIMONE, CRAIG M
4422 DEL PRADO BLVD.
B
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 M SIMONE 08/30/2007

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: SIMONE, CRAIG M
Address: 4422 DEL PRADO BLVD.
City-St-Zip: CAPE CORAL, FL 33904

Title: V () Delete
Name: SIMONE, KRISTINE L
Address: 4422 DEL PRADO BLVD
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 STE B
City-St-Zip: CAPE CORAL, FL 33904

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

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: CRAIG M SIMONE P 08/30/2007

Electronic Signature of Signing Officer or Director Date