
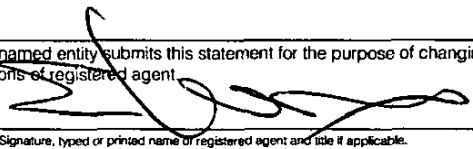
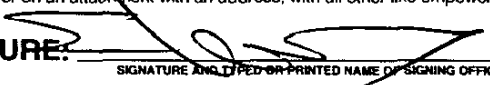


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90168 035 ***150.00

DOCUMENT # P99000041402 1. Entity Name THE THERAPEUTIC TEA DOCTOR, INC.			
Principal Place of Business 4700 COVE CIRCLE N. #208 SAINT PETERSBURG, FL 33708		Mailing Address 4700 COVE CIRCLE N. SAINT PETERSBURG, FL 33708	
2. Principal Place of Business 1723 Wren Way Suite, Apt. #, etc.		3. Mailing Address 1723 Wren Way Suite, Apt. #, etc.	
City & State Niceville FL Zip 32578 Country USA		City & State Niceville FL Zip 32578 Country USA	
4. FEI Number 65-0918137		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LUKACS, MARIA 4700 COVE CIRCLE N. SAINT PETERSBURG, FL 33708		7. Name and Address of New Registered Agent Name Lisa Y. Pitell, Attorney Street Address (P.O. Box Number is Not Acceptable) 4400 E Highway 20, Suite 211 City Niceville FL Zip Code 32578	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 4/20/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME LUKACS, MARIA STREET ADDRESS 4700 COVE CIRCLE N. #208 CITY-ST-ZIP SAINT PETERSBURG, FL 33708	<input type="checkbox"/> Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE DP NAME Endre Kovacs STREET ADDRESS 1723 Wren Way CITY-ST-ZIP Niceville FL 32578	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE ST NAME Elconora D Kovacs STREET ADDRESS 1723 Wren Way CITY-ST-ZIP Niceville FL 32578	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Endre Kovacs, President	
Date 4/20/05		Daytime Phone # 850-883-8930	