

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000041402

FILED  
Jul 12, 2006  
Secretary of State

Entity Name: THE THERAPEUTIC TEA DOCTOR, INC.

## Current Principal Place of Business:

1723 WREN WAY  
NICEVILLE, FL 32578

## New Principal Place of Business:

## Current Mailing Address:

1723 WREN WAY  
NICEVILLE, FL 32578

## New Mailing Address:

FEI Number: 65-0918137

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PITELL, LISA Y  
440 E HWY 20TH STE 211  
NICEVILLE, FL 32578 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: VP ( ) Delete  
Name: PITEL, LISA Y  
Address: 4700 COVE CIRCLE N. #208  
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: DP ( ) Delete  
Name: KORKES, ENDRE  
Address: 1723 WREN WAY  
City-St-Zip: NICEVILLE, FL 32578

Title: ST ( ) Delete  
Name: KORAES, ELEONORA D  
Address: 1723 WREN WAY  
City-St-Zip: NICEVILLE, FL 32578

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: LUKACS, MARIA  
Address: 4700 COVE CIRCLE N. #208  
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: DP (X) Change ( ) Addition  
Name: KOVACS, ENDRE  
Address: 1723 WREN WAY  
City-St-Zip: NICEVILLE, FL 32578

Title: ST (X) Change ( ) Addition  
Name: KOVACS, ELEONORA D  
Address: 1723 WREN WAY  
City-St-Zip: NICEVILLE, FL 32578

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: ENDRE KOVACS

DP

07/12/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date