2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jul 22, 2005 8:00 am
Secretary of State

04-28-2005 90185 021 ***150.00

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DOCUMENT # P99000045617

1. Entity Name
MASSAGE THERAPY INSTITUTE, INC.
1835 US 1 South, Ste 119, PMB 151
St Augustine, FL 32086

Principal Place of Business	Mailing Address
~~2200 NORTH PONCE DELEON BOULEVARD~~	~~2200 NORTH PONCE DELEON BOULEVARD~~
~~SUITE #4~~	~~SUITE #4~~
ST. AUGUSTINE, FL ~~32084~~	ST. AUGUSTINE, FL ~~32084~~

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04222005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3603369 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRUCE, GARY 2200 NORTH PONCE DELEON BOULEVARD SUITE #4 ST. AUGUSTINE, FL 32084	Name: Denise Edwards Street Address (P.O. Box Number is Not Acceptable): 603 St Augustine S Dr City: St Augustine FL Zip Code: 32086

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: D Edwards 7/8/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	~~BRUCE, GARY~~	NAME	
STREET ADDRESS	~~344 INDIAN BEND ROAD~~	STREET ADDRESS	
CITY-ST-ZIP	~~ST. AUGUSTINE, FL 32095~~	CITY-ST-ZIP	
TITLE	DP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Denise Edwards	NAME	
STREET ADDRESS	603 St Augustine S Dr	STREET ADDRESS	
CITY-ST-ZIP	St Augustine, FL 32086	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: D Edwards Denise Edwards 4/07/2005 9048066289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #