

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000045617

**FILED**  
**Jan 14, 2006**  
**Secretary of State**

**Entity Name:** MESSAGE THERAPY INSTITUTE, INC.

**Current Principal Place of Business:**

1835 US 1 SOUTH  
SUITE 119, PMB 151  
SAINT AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

1835 US 1 SOUTH  
SUITE 119, PMB 151  
SAINT AUGUSTINE, FL 32086

**New Mailing Address:**

**FEI Number:** 59-3603369

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EDWARDS, DENISE  
603 T. AUGUSTINE S DRIVE  
SAINT AUGUSTINE, FL 32086 US

**Name and Address of New Registered Agent:**

EDWARDS, DENISE  
1835 US 1 SOUTH  
STE 119, PMB 151  
SAINT AUGUSTINE, FL 32086 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: D EDWARDS

01/14/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: EDWARDS, DENISE  
Address: 603 ST. AUGUSTINE S DRIVE  
City-St-Zip: SAINT AUGUSTINE, FL 32086

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: EDWARDS, DENISE  
Address: 1835 US 1 SOUTH, STE 119, PMB 151  
City-St-Zip: SAINT AUGUSTINE, FL 32086

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: D EDWARDS

D

01/14/2006

Electronic Signature of Signing Officer or Director

Date