2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000056983

City-St-Zip:

Entity Name: MULTI-THERAPY ASSOCIATES INC.

BAY HARBOUR ISLES, FL 33154

FILED May 02, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1108 KANE CO SUITE 300B BAY HARBOU						
Current Mailing Address:				New Mailing Address:		
1108 KANE CONCOURSE SUITE 300B BAY HARBOUR ISLES, FL 33154				3728 HUNTERS ISLE DRIVE ORLANDO, FL 32837		
FEI Number: 65-0	960621	FEI Number Applied For ()	FEI Numb	per Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
MAHMOOD, ZA 1108 KANE CO SUITE 300B BAY HARBOU	DNCOURSE					
The above name in the State of F		ubmits this statement for the	purpose of	changing its registere	d office or registered agent, or both,	
SIGNATURE:						
	Electroni	Signature of Registered A	gent		Date	
		(2)(b), F.S., the corporation did Trust Fund Contribution ().	not receive the	e prior notice.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
	HMOOD, ŽÁF	Delete EESH COURSE, SUITE 300B	1	Fitle: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ZAREESH MAHMOOD PSD 05/02/2005