2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# P99000059853

Entity Name: MASSAGE MEDICS, INC.

Current Principal Place of Business:

6146 RIDGE RD.
PORT RICHEY, FL 34668

New Principal Place of Business:

Current Mailing Address:

C/O KAREN IOVINO
7639 VIENNA LN
PORT RICHEY, FL 34668

New Mailing Address:

FEI Number: 59-3589818 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IOVINO, KAREN
7639 VIENNA LN
PORT RICHEY, FL 34668 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: IOVINO, KAREN
Address: 7639 VIENNA LN.
City-St-Zip: PORT RICHEY, FL 34668

Title: VP ( ) Delete
Name: IOVINO, NICHOLAS C
Address: 7639 VIENNA LANE
City-St-Zip: PORT RICHEY, FL 34668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KAREN IOVINO PRES 03/12/2009

Electronic Signature of Signing Officer or Director — Date