


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000063980**

1. Entity Name  
**MEDISSAGE, INC.**



Principal Place of Business <b>774 W MIDWAY ROAD          FT PIERCE, FL 34982</b>	Mailing Address <b>5102 SUNSET BLVD          FT PIERCE, FL 34982</b>
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**DO NOT WRITE IN THIS SPACE**



01182006 No Chg-P CR2E034 (11/05)

4. FET Number <b>65-0935064</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JENSEN, SUZANNE L  
 5102 SUNSET BLVD  
 FT PIERCE, FL 34982**

**DO NOT WRITE IN THIS SPACE**

3. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable.

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

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

U00000415326  
 02/11/06-80076-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD JENSEN, SUZANNE L 5102 SUNSET BLVD FT PIERCE, FL 34982
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Suzanne L. Jensen **Suzanne L. Jensen** 772-460-5665  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #