2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# P99000065898

Entity Name: MAC ALTERNATIVE THERAPIES INC.

Current Principal Place of Business:

THE CROSSING WELLNESS CENTER
28469 US HWY 19N,#402
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

THE CROSSING WELLNESS CENTER
28469 US HWY 19N,#402
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: 59-3588633 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CALANDRO, MARK A
28469 US HIGHWAY 19,N 402
CLEARWATER, FL 33761 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: CALANDRO, MARK A
Address: 4702 BRAYTON TERRACE SOUTH
City-St-Zip: PALM HARBOR, FL 34685

Title: VP ( ) Delete
Name: CALANDRO, JULIEANNE
Address: 4702 BRAYTON TERR SQ
City-St-Zip: PALM HARBOR, FL 34685

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: MARK A. CALANDRO P 01/27/2009

Electronic Signature of Signing Officer or Director — Date