

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000094342

FILED  
Apr 30, 2011  
Secretary of State

Entity Name: A A A ACUPRESSURE THERAPUTIC MASSAGE, INC.

## Current Principal Place of Business:

2900-14ST N. #44  
#43,#44,#53,#54  
NAPLES, FL 34103

## New Principal Place of Business:

2900-14ST N. #54  
#53,#54  
NAPLES, FL 34108

## Current Mailing Address:

10674 WOODS CIR  
BONITA SPRINGS, FL 34135

## New Mailing Address:

2900-14ST N. #54  
#53,#54  
NAPLES, FL 34108

FEI Number: 59-3604284

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLACK, ELIZABETH T  
10674 WOODS CIRCLE  
BONITA SPRINGS, FL 34135 US

## Name and Address of New Registered Agent:

BLACK, ELIZABETH T  
2900-14 ST N #54  
#54  
NAPLES, FL 33108 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:

04/30/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: BLACK, ELIZABETH T  
Address: 2900 14TH ST N. #54  
City-St-Zip: NAPLES, FL 34108

I hereby 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 all other like empowered.

SIGNATURE: ELIZABETH BLACK

PRES

04/30/2011

Electronic Signature of Signing Officer or Director

Date