

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S23002

FILED
May 17, 2005
Secretary of State

Entity Name: SOM THERAPY & ASSOCIATES, INC.

Current Principal Place of Business:

1850 FOREST HILL BLVD, #204-A
WEST PALM BEACH, FL 33406 US

New Principal Place of Business:

Current Mailing Address:

1850 FOREST HILL BLVD, #204-A
WEST PALM BEACH, FL 33406 US

New Mailing Address:

FEI Number: 65-0241814 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DECHERT, TIMOTHY M CPA
1850 FOREST HILL BLVD, #204-A
WEST PALM BEACH, FL 33406 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VT () Delete
Name: HEREC, ALLAN T.,
Address: 208 PINE HOV CIR, A-1
City-St-Zip: GREENACRES, FL 33463

Title: PS () Delete
Name: HEREC, DIANA KIP,
Address: 208 PINE HOV CIR, A-1
City-St-Zip: GREENACRES, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VT (X) Change () Addition
Name: HEREC, ALLAN T.,
Address: 624 WEST DREW STREET
City-St-Zip: LANTANA, FL 33462

Title: PS (X) Change () Addition
Name: HEREC, DIANA KIP,
Address: 624 WEST DREW STREET
City-St-Zip: LANTANA, FL 33462

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: ALLAN HEREC

VT

05/17/2005

Electronic Signature of Signing Officer or Director

_____ Date