2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2012
Secretary of State

DOCUMENT# S58767

Entity Name: INTERNATIONAL INSTITUTE OF REFLEXOLOGY, INC.

Current Principal Place of Business:

5650 1ST AVE. NORTH
ST. PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

5650 1ST AVE. NORTH
ST. PETERSBURG, FL 33710

New Mailing Address:

FEI Number: 59-3069946 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BYERS, NANCY S.
5650 1ST AVE. NORTH
ST. PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

BYERS, GAIL L.
5650 1ST AVE. NORTH
ST. PETERSBURG, FL 33710 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: GAIL BYERS 03/08/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: BYERS, NANCY S.
Address: 5650 1ST AVE. NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: D
Name: GEMELLI, MICHAEL A.
Address: 3142 3RD AVE. NORTH
City-St-Zip: ST. PETERSBURG, FL

Title: D
Name: BYERS, DWIGHT C.
Address: 5650 1ST AVENUE NORTH
City-St-Zip: ST PETERSBURG, FL 33710

Title: D
Name: BYERS, GAIL L.
Address: 5650 1ST AVENUE NORTH
City-St-Zip: ST PETERSBURG, FL 33710

Title: D
Name: PEDERSEN, JAMES H.
Address: 5650 1ST AVENUE NORTH
City-St-Zip: ST PETERSBURG, FL 33710

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: GAIL L. BYERS D 03/08/2012
Electronic Signature of Signing Officer or Director Date