2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V73470

FILED Apr 12, 2012 Secretary of State

Entity Name: ALPHA SCHOOL OF MASSAGE, INC.

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|--|-----------------------------|----------------------------------|---|--|
| 4642 SAN JUAN AVENUE JACKSONVILLE, FL 32210 | US | | | |
| Current Mailing Address: | | New Mailing Address | :: | |
| 4642 SAN JUAN AVENUE JACKSONVILLE, FL 32210 | US | | | |
| FEI Number: 59-3165610 F | El Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address of | Name and Address of New Registered Agent: | |
| WEISE, GILBERT N SR. 4642 SAN JUAN AVENUE JACKSONVILLE, FL 32210 | 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: | | | | |
| Electronic S | Signature of Registered Age | nt | Date | |

OFFICERS AND DIRECTORS:

Title:

 Name:
 WEISE, SR., GILBERT N

 Address:
 4642 SAN JUAN AVENUE

 City-St-Zip:
 JACKSONVILLE, FL 32210 US

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: CHRISTOPHER ADAM DRIGGERS ADMI 04/12/2012