

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 05, 2007
Secretary of State**

DOCUMENT# N01000004527

Entity Name: THE HEALING AND CREATIVE ARTS CENTER OF THE PALM BEACHES, INC.

Current Principal Place of Business:

107 EAGLETON LANE
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

107 EAGLETON LANE
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 65-1122061 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANSAT, MAUREEN
107 EAGLETON LANE
PALM BEACH GARDENS, FL 33418 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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SAPONARO, DR. JOSEPH
Address: 1004 S. OLD DIXIE HWY. SUITE 201
City-St-Zip: JUPITER, FL 33458

Title: DVP () Delete
Name: FLAMM, ELAYNE
Address: TWO NORTH BREAKERS ROW
City-St-Zip: PALM BEACH, FL 33480

Title: DT () Delete
Name: LANSAT, JEREMY
Address: 1689 JEAGA DRIVE
City-St-Zip: JUPITER, FL 33458

Title: S () Delete
Name: DEL, LEIBLIE
Address: 4255 CRESTDALE STREET
City-St-Zip: PALM BEACHES GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEREMY LANSAT

DT

01/05/2007

Electronic Signature of Signing Officer or Director

_____ Date