2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005
Secretary of State

DOCUMENT# P04000158887

Entity Name: HEALING HANDS HEALTH AND WELLNESS CENTER, INC

Current Principal Place of Business:

2526 SW 27TH AVE
OCALA, FL 34474

New Principal Place of Business:

3517 NE 12TH ST
OCALA, FL 34470

Current Mailing Address:

2526 SW 27TH AVE
OCALA, FL 34474

New Mailing Address:

3517 NE 12TH ST
OCALA, FL 34470

FEI Number: 59-3722983 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VENTURA, ROSA
2526 SW 27TH AVE
OCALA, FL 34475 US

Name and Address of New Registered Agent:

CORRALES, DULCE M
3517 NE 12TH ST
OCALA, FL 34470 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: DULCE M CORRALES 05/02/2005
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: P/D ( ) Delete
Name: CORRALES, DULCE M
Address: 2526 SW 27TH AVE
City-St-Zip: OCALA, FL 34474

Title: T/S/ (X) Delete
Name: VENTURA, ROSA
Address: 2526 SW 27TH AVE
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: CORRALES, DULCE M
Address: 3517 NE 12TH ST
City-St-Zip: OCALA, FL 34470

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 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: DULCE MARIA CORRALES P 05/02/2005
Electronic Signature of Signing Officer or Director Date