2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2009
Secretary of State

DOCUMENT# P06000011876

Entity Name: HEALTHY HEALING ARTS CENTRE, INC.

Current Principal Place of Business:

5 RANDY LN
LEHIGH ACRES, FL 33972 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 325
LEHIGH ACRES, FL 33970 US

New Mailing Address:

P.O. BOX 790
LEHIGH ACRES, FL 33970 US

FEI Number: 20-4190168 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANSONE, HOLLY
5 RANDY LN
PO BOX 1325
LEHIGH ACRES, FL 33970 US

Name and Address of New Registered Agent:

SANSONE, HOLLY
5 RANDY LN
LEHIGH ACRES, FL 33970 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: HOLLY SANSONE 05/11/2009
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 ( ) Delete
Name: SANSONE, PETER F
Address: P.O. BOX 325
City-St-Zip: LEHIGH ACRES, FL 33970 US

Title: VP, ( ) Delete
Name: SANSONE, HOLLY L
Address: P.O. BOX 325
City-St-Zip: FORT MYERS, FL 33970 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SANSONE, PETER F
Address: P.O. BOX 790
City-St-Zip: LEHIGH ACRES, FL 33970 US

Title: VP, (X) Change ( ) Addition
Name: SANSONE, HOLLY L
Address: P.O. BOX 790
City-St-Zip: FORT MYERS, FL 33970 US

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER SANSONE OWN 05/11/2009
Electronic Signature of Signing Officer or Director Date