

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000103828

Entity Name: DYNAMICS IN HEALING, INC.

FILED
Feb 23, 2009
Secretary of State

Current Principal Place of Business:

2426 BEE RIDGE RD
STE B
SARASOTA, FL 34239

Current Mailing Address:

P.O. BOX 2720
SARASOTA, FL 34230

New Principal Place of Business:

2426 BEE RIDGE RD
STE B
SARASOTA, FL 34239 US

New Mailing Address:

P.O. BOX 2720
SARASOTA, FL 34230 US

FEI Number: 65-0720711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAMES, CHERYL
324 PAVONIA RD.
NOKOMIS, FL 34275 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: SHAMES, CHERYL
Address: 324 PAVONIA RD.
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: SHAMES, CHERYL
Address: 324 PAVONIA RD.
City-St-Zip: NOKOMIS, FL 34275 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: CHERYL SHAMES

DPST

02/23/2009

Electronic Signature of Signing Officer or Director

_____ Date