FILED

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT				Mar 05, 2007 8:00 an Secretary of State	
DOCUMENT 1. Entity Name SACRED HANDS	F # N0200000 s studio, inc.	0609		03-05-2007 90043 038 ****61.25	
Principal Place of Business 71 TRANQUILITY LANE DESTIN, FL 32541		Mailing Address 71 TRANQUILITY LANE DESTIN, FL 32541		400-	
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	•	1 NORMAN FIL BERNE TREM ERRIN ERRIN ERRIN ERRIN ERRIN ERRIN ERRIN ERRIN ERRIN ERRINE ER FREIR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number Applied For 80-0034286 Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired Session Fee Required \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	

DESTIN, FL 32541 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent.

Name

Street Address (P.O. Box Number is Not Acceptable)

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11, TITI F Delete TITLE ☐ Change ☐ Addition **BLACK, SHELLA** NAME NAME STREET ADDRESS 71 TRANQUILITY LN. STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32541 CITY- ST-71P ☐ Delete fine Change TITLE ☐ Addition NAME BLACK, DAVID NAME 71 TRANQUILITY LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32541 CITY-ST-ZIP ☐ Deleta Change ☐ Addition CARDWELL, D.D. NAME NAME 2899 BAKES FARM ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTA, GA 30339 CITY-ST-ZIP TTDE Delete TITI F ☐ Change ■ Addition NAME GOODWIN, VALERIE 3061 WELLINGTON COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTA, GA 30339 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition WAGES, ROBERT NAME STREET ADDRESS 887 WEST MARIETTA STREET STUDIO S-111 STREET ADDRESS CITY-ST-ZIP ATLANTA, GA 30318 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME HARTLEY-LEONARD, BROOKS NAME 1350 N. Lake Shore Drive #2015 6-WOODLEY MANOR STREET ADDRESS STREET ADDRESS Chicago, IL 60610 CITY-ST-ZIP CITY-ST-ZIP JAINNETKA; IL 60099

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

HAVENS, JASON E

STE 101

1223 AIRPORT ROAD

Ruce SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dete

Daytime Phone #