2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008
Secretary of State

DOCUMENT# F04000003881

Entity Name: HEALING HOLOGRAMS, INC.

Current Principal Place of Business:

5650 21ST WAY S
605
ST PETERSBURG, FL 33712

New Principal Place of Business:

344 1/2 4TH ST S
ST PETERSBURG, FL 33701

Current Mailing Address:

PO BOX 1547
ST PETERSBURG, FL 33731

New Mailing Address:

FEI Number: 84-1568177 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AUSTIN, WILLIAM
5650 21ST WAY S
605
ST PETERSBURG, FL 33712 US

Name and Address of New Registered Agent:

AUSTIN, WILLIAM
344 1/2 4TH ST S
ST PETERSBURG, FL 33701 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: WILLIAM M. AUSTIN, III 02/04/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CPST ( ) Delete
Name: AUSTIN, WILLIAM
Address: 5650 21ST WAY S, #605
City-St-Zip: ST PETERSBURG, FL 33712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPST (X) Change ( ) Addition
Name: AUSTIN, WILLIAM
Address: 344 1/2 4TH ST S
City-St-Zip: ST PETERSBURG, FL 33701

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: WILLIAM M. AUSTIN, III MR. 02/04/2008
Electronic Signature of Signing Officer or Director Date