2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 14, 2006 08:00 AM DOCUMENT'# H63842 **Secretary of State** HEALING MASSAGE, INC. Principal Place of Business Mailing Address 8254 SR 84 8254 SR 84 FT LAUDERDALE, FL 33324 FORT LAUDERDALE, FL 33324 US CR2E034 (11/05) 07022006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2547785 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent KIRA, UZI DO NOT WRITE 8254 SR 84 FORT LAUDERDALE, FL 33324 IN THIS SPACE 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 UQ0000570357 Trust Fund Contribution. Added to Fees Due by September 6, 2006 07/14/06-80011-010 558.75 OFFICERS AND DIRECTORS 10. DP TITLE NAME KIRA, UZI STREET ADDRESS 8254 SR 84 FORT LAUDERDALE, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 607, 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.

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STREET ADDRESS CITY-ST-ZIP