2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2004
Secretary of State

DOCUMENT# L03000021335

Entity Name: HANDS OF CLOUDS HEALING CENTER, LLC

Current Principal Place of Business:

3424 LAURA STREET
TALLAHASSEE, FL 32305 US

New Principal Place of Business:

3428 LAURA STREET
TALLAHASSEE, FL 32305 US

Current Mailing Address:

3424 LAURA STREET
TALLAHASSEE, FL 32305 US

New Mailing Address:

3428 LAURA STREET
TALLAHASSEE, FL 32305 US

FEI Number: 20-0031763 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COOK, JACQUETTA M
3424 LAURA STREET
TALLAHASSEE, FL 32305 US

Name and Address of New Registered Agent:

COOK, JACQUETTA M
3428 LAURA STREET
TALLAHASSEE, FL 32305 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: _____ 04/07/2004
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: COOK, JACQUETTA M CEO
Address: 3428 LAURA STREET
City-St-Zip: TALLAHASSEE, FL 32305 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JACQUETTA M. COOK CEO 04/07/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date