2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005
Secretary of State

DOCUMENT# L03000021335

Entity Name: HANDS OF CLOUDS HEALING CENTER, LLC

Current Principal Place of Business:

3428 LAURA STREET
TALLAHASSEE, FL 32305 US

New Principal Place of Business:

350 SUMPTER RIDGE RD
MIDWAY, FL 32343 US

Current Mailing Address:

3428 LAURA STREET
TALLAHASSEE, FL 32305 US

New Mailing Address:

350 SUMPTER RIDGE RD
MIDWAY, FL 32343 US

FEI Number: 20-0031763 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COOK, JACQUETTA M
3428 LAURA STREET
TALLAHASSEE, FL 32305 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

MANAGING MEMBERS/MEMBERS:

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

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 05/02/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date