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FILED

May 01, 2006 08:00 AM
Secretary of State

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000089257 1. Entity Name HOLISTIC TEACHINGS LLC	
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Principal Place of Business APARTADO 077-5019, CORREOS PLAYA DEL COCO COSTA RICA, CENTRAL AMERICA, XX	Mailing Address APARTADO 077-5019, CORREOS PLAYA DEL COCO COSTA RICA, CENTRAL AMERICA, XX
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04262006 No Chg-LLC CR2E063 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**ADMIRE, ROBERT
2555 PONCE DE LEON BLVD., SUITE 320
CORAL GABLES, FL 33134**

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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 _____ DATE _____
(Signature, typed or printed name of registered agent and firm if applicable) (Typed or Registered Agent signature required when renewing)

**Filing Fee is \$50.00
Due by May 1, 2006**


9. **MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COSSI-BURCESS, SUSAN MARIA APARTADO 077-5019, CORREOS PLAYA DEL COCO COSTA RICA, CENTRAL AMERICA.
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05/12/06-80020-014 50.00**

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11. 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 is true and accurate and that my 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 trustee or trustee empowere to execute this report as required by Chapter 808, Florida Statutes.

SIGNATURE:  **26th April 2006**

SIGNATURE AND TYPED OR PRINTED NAME OF TRUSTEE, MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Secretary of State