2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2007
Secretary of State

DOCUMENT# L06000114517

Entity Name: HEALING TOUCH THERAPY, LLC

Current Principal Place of Business:

4720 SE 15TH AVE.
SUITE 120
CAPE CORAL, FL 33904 US

New Principal Place of Business:

Current Mailing Address:

434 SW 19TH LANE
CAPE CORAL, FL 33991 US

New Mailing Address:

FEI Number: 51-0616880 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LACHANCE, BRIAN M SR
434 SW 19TH LANE
CAPE CORAL, FL 33991 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/MANAGERS:

Title: MGRM ( ) Delete
Name: LACHANCE, BRIAN M SR
Address: 434 SW 19TH LANE
City-St-Zip: CAPE CORAL, FL 33991 US

Title: MGRM ( ) Delete
Name: LACHANCE, JAMIE M
Address: 434 SW 19TH LANE
City-St-Zip: CAPE CORAL, FL 33991 US

ADDITIONS/CHANGES:

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

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 Chapter 119, 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: BRIAN M. LACHANCE, SR. MGRM 03/04/2007

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