2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L08000102979

Entity Name: DANIELLES HEALING ARTS MASSAGE & GIFTS LLC.

Current Principal Place of Business:

9831 ALABAMA ST APT 5
BONITA SPRINGS, FL 34135

New Principal Place of Business:

27391 PELICAN RIDGE CIR.
BONITA SPRINGS, FL 34135

Current Mailing Address:

9831 ALABAMA ST APT 5
BONITA SPRINGS, FL 34135

New Mailing Address:

27391 PELICAN RIDGE CIR.
BONITA SPRINGS, FL 34135

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

ELVERD, DANIELLE L
9831 ALABAMA ST APT 5
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

ELVERD, DANIELLE L
27391 PELICAN RIDGE CIR.
BONITA SPRINGS, FL 34135 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: 05/01/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ELVERD, DANIELLE L
Address: 9831 ALABAMA ST APT 5
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ELVERD, DANIELLE L
Address: 27391 PELICAN RIDGE CIR.
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information supplied with this filing does not qualify 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: DANIELLE ELVERD MGRM 05/01/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date