2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006691

Entity Name: THE HEALING ANGELS, LLC

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1639 MOUNT VERNON DR. ST. CHARLES, MO 63303

Current Mailing Address: New Mailing Address:

220 C BRAESHIRE DRIVE BALLWIN, MO 63021

FEI Number: 20-1233458 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BAKER, LESLIE 5499 RIVERBLUFF CIR. SARASOTA, FL 34231 US

MANAGING MEMBERS/MANAGERS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES:

MGRM Title: MGRM (X) Change () Addition () Delete

MURPHY, ERIN MURPHY, ERIN Name: Name: Address: 220C BRAESHIRE ON DR. Address: 220C BRAESHIRE DR. City-St-Zip: BALLWIN, MO 63021 City-St-Zip: BALLWIN, MO 63021

Title: MGRM () Delete Title: () Change () Addition

Name: BAKER, LESLIE Name: Address: 1639 MOUNT VERNON DRIVE Address: City-St-Zip: ST. CHARLES, MO 63303 City-St-Zip:

Title: () Delete Title: MGRM () Change (X) Addition

Name: WISMANN, HAROLD C Name: 5499 RIVERBLUFF CIRCLE Address: Address: City-St-Zip: City-St-Zip: SARASOTA, FL 34231

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: LESLIE BAKER **MGRM** 04/29/2008