


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # M64690 1. Entity Name ACADEMY OF HEALING ARTS, MASSAGE & FACIAL SKIN CARE, INC.	
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Principal Place of Business 3141 S. MILITARY TRAIL LAKE WORTH, FL 33463	Mailing Address 3141 S. MILITARY TRAIL LAKE WORTH, FL 33463
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DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0035062	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ARTEMIK, ANGELA K. 550 SKYLAKE DR WEST PALM BEACH, FL 33415	<p style="text-align: center; font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ARTEMIK, MILLARD J 550 SKYLAKE DR WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS ARTEMIK, ANGELA K. 550 SKYLAKE DR WEST PALM BEACH, FL 33415
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01/10/05-80016-004 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Angela K Artemik</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	ANGELA ARTEMIK 4 JUN 05 967-0899 Date Daytime Phone #
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