

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M64690

FILED
Jan 13, 2008
Secretary of State

Entity Name: ACADEMY OF HEALING ARTS, MASSAGE & FACIAL SKIN CARE, INC.

Current Principal Place of Business:

3141 S. MILITARY TRAIL
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

3141 S. MILITARY TRAIL
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 65-0035062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARTEMIK, ANGELA K.
550 SKYLAKE DR
WEST PALM BEACH, FL 33415 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: ARTEMIK, MILLARD J
Address: 550 SKYLAKE DR
City-St-Zip: WEST PALM BEACH, FL 33415

Title: DVS () Delete
Name: ARTEMIK, ANGELA K.,
Address: 550 SKYLAKE DR
City-St-Zip: WEST PALM BEACH, FL 33415

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA K. ARTEMIK

DVS

01/13/2008

Electronic Signature of Signing Officer or Director

Date