## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# M64690

FILED Jan 08, 2009 Secretary of State

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

Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
	LITARY TRAIL RTH, FL 33463			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
	LITARY TRAIL RTH, FL 33463			
FEI Number:	65-0035062	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
550 SKYLÁ	ANGELA K. AKE DR LM BEACH, FL	33415 US		
	named entity su e of Florida.	ubmits this statement for the	purpose of changing its registered	office or registered agent, or both,
in the State	e of Florida.	Ibmits this statement for the	purpose of changing its registered	office or registered agent, or both,
in the State	e of Florida. * RE:	ubmits this statement for the		office or registered agent, or both,  Date
in the State	e of Florida.  RE: Electronic			
in the State SIGNATUF	e of Florida.  RE: Electronic	c Signature of Registered Ag  Trust Fund Contribution ( ).	gent	
in the State SIGNATUF	e of Florida.  RE: Electronic  mpaign Financing	© Signature of Registered Ag Trust Fund Contribution ( ). ORS: Delete RD J R	ent  ADDITIONS/CHANGE	Date

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 V PR 01/08/2009