FILED
May 06, 2004 8:00 am
Secretary of State
04-19-2004 90240 026 ****70.00

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000007878

1. Entity Name
AYUR VEDIC HEALINGS, INC.

Principal Place of Business	Mailing Address
2017 FIESTA DR SARASOTA, FL 34231	2017 FIESTA DR SARASOTA, FL 34231

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

[redacted]

03252004 Chg-NP CR2E037 (10/03)

4. FEI Number 54-2099433 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FELOS, CONSTANCE 640 DOUGLAS AVE. DUNEDIN, FL 34698	Name: Bryan Miller Street Address (P.O. Box Number is Not Acceptable): 1254 Sea Plume Way City: Sarasota FL Zip Code: 34242

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

Filing Fee is $61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, BRYAN A 1254 SEA PLUMBER WAY SARASOTA, FL 34242	☐ Delete	D Miller, Bryan A 1254 Sea Plume Way Sarasota, FL 34242	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, Z. LIGHT 1254 SEA PLUMBER WAY SARASOTA, FL 34242	☐ Delete	D Miller, Z. Light 1254 Sea Plume Way Sarasota, FL 34242	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RESAS, MINDY 1254 SEA PLUMBER WAY SARASOTA, FL 34242	☑ Delete	I [illegible]	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 617, 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: Bryan A Miller 04-30-04 (941) 3463518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #