

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000609

Entity Name: SACRED HANDS STUDIO, INC.

FILED
Feb 03, 2004
Secretary of State

Current Principal Place of Business:

71 TRANQUILITY LANE
DESTIN, FL 32541

New Principal Place of Business:

71 TRANQUILITY LANE
DESTIN, FL 32541

Current Mailing Address:

71 TRANQUILITY LANE
DESTIN, FL 32541

New Mailing Address:

71 TRANQUILITY LANE
DESTIN, FL 32541

FEI Number: 80-0034286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAVENS, JASON E
36468 EMERALD COAST PKWEY, SUITE 2101
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

HAVENS, JASON E
1223 AIRPORT ROAD
STE 101
DESTIN, FL 32541 US

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: JASON E. HAVENS

02/03/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BLACK, SHELLA
Address: 71 TRANQUILITY LN.
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: BLACK, DAVID
Address: 71 TRANQUILITY LANE
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: BLACK, SHELLA
Address: 71 TRANQUILITY LN.
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: GOODWIN, VALERIE
Address: 3061 WELLINGTON COURT
City-St-Zip: ATLANTA, GA 30339

Title: D () Delete
Name: WAGES, ROBERT
Address: 887 WEST MARIETTA STREET STUDIO S-111
City-St-Zip: ATLANTA, GA 30318

Title: D () Delete
Name: HARTLEY-LEONARD, BROOKS
Address: 6 WOODLEY MANOR
City-St-Zip: WINNETKA, IL 60093

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BLACK, DAVID
Address: 71 TRANQUILITY LANE
City-St-Zip: DESTIN, FL 32541

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHELLA BLACK

D

02/03/2004

Electronic Signature of Signing Officer or Director

Date