


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90302 028 ****61.25

DOCUMENT # N02000000609 1. Entity Name SACRED HANDS STUDIO, INC.	
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Principal Place of Business 71 TRANQUILITY LANE DESTIN, FL 32541	Mailing Address 71 TRANQUILITY LANE DESTIN, FL 32541
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DO NOT WRITE IN THIS SPACE



02022005 No Chg-NP CR2E037 (10/03)

4. FEI Number 80-0034286	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

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

Filing Fee is \$61.25 Due by May 1, 2005	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	D BLACK, SHELLA 71 TRANQUILITY LN. DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACK, DAVID 71 TRANQUILITY LANE DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACK, SHELLA 71 TRANQUILITY LN. DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODWIN, VALERIE 3061 WELLINGTON COURT ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGES, ROBERT 887 WEST MARIETTA STREET STUDIO S-111 ATLANTA, GA 30318
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTLEY-LEONARD, BROOKS 6 WOODLEY MANOR WINNETKA, IL 60093

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IN THIS SPACE**

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: Sheila Black Sheila Black 2-6-05 850-650-0988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #