

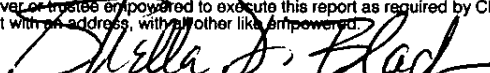


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000000609				Secretary of State	
1. Entity Name SACRED HANDS STUDIO, INC.					
Principal Place of Business 71 TRANQUILITY LANE DESTIN, FL 32541		Mailing Address 71 TRANQUILITY LANE DESTIN, FL 32541			
DO NOT WRITE IN THIS SPACE					
		04092008 No Chg-NP CR2E037 (4/06)			
		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, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE			
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 CARDWELL, D D 2899 BAKES FARM ROAD ATLANTA, GA 30339				
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 1350 N. LAKESHORE DR., 2015 CHICAGO, IL 60610				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: 		4.3.08 850-650-0988			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			