

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000609

FILED
Jan 14, 2009
Secretary of State

Entity Name: SACRED HANDS STUDIO, INC.

Current Principal Place of Business:

71 TRANQUILITY LANE
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

71 TRANQUILITY LANE
DESTIN, FL 32541

New Mailing Address:

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
1223 AIRPORT ROAD
STE 101
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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:

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: CARDWELL, D D
Address: 2899 BAKES FARM ROAD
City-St-Zip: ATLANTA, GA 30339

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: 1350 N. LAKESHORE DR., 2015
City-St-Zip: CHICAGO, IL 60610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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

SIGNATURE: SHELLA D. BLACK

DIR

01/14/2009

Electronic Signature of Signing Officer or Director

Date