


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90446 040 ****61.25

DOCUMENT # N02000009955
 1. Entity Name
HARMONY HOLISTIC HEALING CENTER INC.



Principal Place of Business 10250 NE 110TH ST ARCHER, FL 32618 US	Mailing Address 10250 NE 110TH ST ARCHER, FL 32618 US
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60031385



DO NOT WRITE IN THIS SPACE

04092006 No Chg-NP CR2E037 (11/05)

4. FEI Number 50-0001386	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
 CAMP, FRANCINE
 2149 BONNIE DRIVE
 WEST PALM BEACH, FL 33415

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

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CAMP, FRANCINE
STREET ADDRESS	2149 BONNIE DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33415
TITLE	
NAME	
STREET ADDRESS	PLEASE CORRECT THIS ADDRESS -
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	To -
CITY-ST-ZIP	
TITLE	
NAME	10250 NE. 110th Street
STREET ADDRESS	
CITY-ST-ZIP	Archer Fla. 32618
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 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: Francine Camp 4/24/06 (352)262-5577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #