


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90073 045 ****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																				
2. Principal Place of Business - No P.O. Box # 10691 NE 109th Street		3. Mailing Address 10691 NE 109th Street																					
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																					
City & State Archer Florida		City & State Archer Florida		4. FEI Number 50-0001386																			
Zip 32618		Country USA		Applied For Not Applicable																			
Zip 32618		Country USA		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				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																							
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																			
Make check payable to Florida Department of State																							
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>CAMP, FRANCINE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>10250 NE 110 ST ARCHER, FL 32618</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	CAMP, FRANCINE		CITY-ST-ZIP	10250 NE 110 ST ARCHER, FL 32618		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete																					
STREET ADDRESS	CAMP, FRANCINE																						
CITY-ST-ZIP	10250 NE 110 ST ARCHER, FL 32618																						
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																					
STREET ADDRESS																							
CITY-ST-ZIP																							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP																					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP																					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP																					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP																					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP																					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP																					
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: <u>Francine Camp</u> Francine Camp <u>4/11/07</u> (352) 486-6229 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Designated Phone #</small>																							

ATTACHMENT
40062491

N02000009955

Please change

address - to -

10691 NE 109 St

Archer Fla. 32618

352 486-6229