

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 15, 2008  
Secretary of State**

DOCUMENT# N02000009955

Entity Name: HARMONY HOLISTIC HEALING CENTER INC.

**Current Principal Place of Business:**

10691 NE 109TH STREET  
ARCHER, FL 32618 US

**New Principal Place of Business:**

**Current Mailing Address:**

10691 NE 109TH STREET  
ARCHER, FL 32618 US

**New Mailing Address:**

FEI Number: 50-0001386      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAMP, FRANCINE  
2149 BONNIE DRIVE  
WEST PALM BEACH, FL 33415 US

**Name and Address of New Registered Agent:**

CAMP, FRANCINE  
10250 NE 110TH STREET  
ARCHER, FLA., FL 32618 US

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: \_\_\_\_\_ 04/15/2008  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CAMP, FRANCINE  
Address: 10250 NE 110 ST  
City-St-Zip: ARCHER, FL 32618

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: FRANCINE CAMP      PRES      04/15/2008  
Electronic Signature of Signing Officer or Director      Date