

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006615

FILED
Apr 08, 2008
Secretary of State

Entity Name: HEALING TOUCH BUDDIES, INC.

Current Principal Place of Business:

18841 N GOLDEN HAWK TRAIL
JUPITER, FL 33458

New Principal Place of Business:

3804 BURNS RD.
SUITE A
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

18841 N GOLDEN HAWK TRAIL
JUPITER, FL 33458

New Mailing Address:

3804 BURNS RD.
SUITE A
PALM BEACH GARDENS, FL 33410

FEI Number: 34-2003940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, BETTY ANN
18841 N GOLDEN HAWK TRAIL
JUPITER, FL 33458 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: PMD () Delete
Name: BAKER, BETTY ANN
Address: 18841 N GOLDEN HAWK TRAIL
City-St-Zip: JUPITER, FL 33458

Title: VP () Delete
Name: COLLEEN, HANEY A
Address: 800 E CAMINO REAL #441
City-St-Zip: BOCA RATON, FL 33432

Title: T () Delete
Name: DIPAOLO, JANICE
Address: 11894 150TH CT
City-St-Zip: JUPITER, FL 33478

Title: S () Delete
Name: CAROL, FIGGINS A
Address: 4719 SEA OATS CIRCLE APT # 101
City-St-Zip: WEAT PALM BEACH, FL 33417

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: () Change () Addition
Name:
Address:
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: BETTY ANN BAKER

D

04/08/2008

Electronic Signature of Signing Officer or Director

Date