2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006615

Entity Name: HEALING TOUCH BUDDIES, INC.

FILED Apr 30, 2009 Secretary of State

3804 BURNS RD. 13901 US HIGHWAY 1

SUITE A SUITE 2

PALM BEACH GARDENS, FL 33410 JUNO BEACH, FL 33408

Current Mailing Address: New Mailing Address:

3804 BURNS RD. 13901 US HIGHWAY 1

SUITE A SUITE 2

PALM BEACH GARDENS, FL 33410 JUNO BEACH, FL 33408

FEI Number: 34-2003940 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BAKER, BETTY ANN 18841 N GOLDEN HAWK TRAIL JUPITER, FL 33458

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

BAKER, BETTY ANN BAKER BETTY ANN Name: Name:

18841 N GOLDEN HAWK TRAIL Address: 18841 N GOLDEN HAWK TRAIL Address: JUPITER, FL 33458 JUPITER, FL 33458

City-St-Zip: City-St-Zip:

Title: () Delete Title: (X) Change () Addition COLLEEN, HANEY A Name: WATSON, MARY ANN Name:

Address: 800 E CAMINO REAL #441 Address: 4500 NW 83RD LANE City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: CORAL SPRINGS, FL 33065

Title: () Delete Title: (X) Change () Addition DIPAOLA, JANICE CAIRA, JULIA Name: Name:

11894 150TH CT 13110 SW 14TH PLACE Address: Address: City-St-Zip: JUPITER, FL 33478 City-St-Zip: **DAVIE. FL 33325**

Title: () Delete Title: (X) Change () Addition

Name: CAROL, FIGGINS A Name: BRUNE, JANE 4719 SEA OATS CIRCLE APT # 101 1082 VINTNER BLVD. Address: Address:

City-St-Zip: WEAT PALM BEACH, FL 33417 City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: () Delete Title: () Change (X) Addition

DELPRETE, LINDA Name: Name: 20 STONEY DRIVE Address: Address:

PALM BEACH GARDENS, FL 33410 City-St-Zip: 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 ED 04/30/2009