

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004917

FILED
Feb 24, 2009
Secretary of State

Entity Name: HEALING ARTS OF TAO, INC.

Current Principal Place of Business:

7071 W COMMERCIAL BLVD
STE 2-C
FORT LAUDERDALE, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 451236
SUNRISE, FL 33345236 US

New Mailing Address:

7071 W COMMERCIAL BLVD
STE 2-C
FORT LAUDERDALE, FL 33319 US

FEI Number: 65-0710448

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IBORRA, FRANK
11470 N.W. 38 PLACE
SUNRISE, FL 333231104 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: PD () Delete
Name: IBORRA, FRANK
Address: 11470 N.W. 38 PLACE
City-St-Zip: SUNRISE, FL 333231104

Title: STD () Delete
Name: IBORRA, MARION
Address: 11470 N.W. 38 PLACE
City-St-Zip: SUNRISE, FL 333231104

Title: D () Delete
Name: BARTOLACCI, LAURA
Address: 1400 S.W. 26 CT
City-St-Zip: DAVIE, FL 33330 US

Title: D () Delete
Name: GENUNG, THOMAS
Address: 5776 NW ZINNIA ST
City-St-Zip: PORT ST. LUCIE, FL 34986 US

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: MARION IBORRA

VP

02/24/2009

Electronic Signature of Signing Officer or Director

Date