

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000022593

FILED
Jul 08, 2006
Secretary of State

Entity Name: HEALING ARTS MASSAGE, INC.

Current Principal Place of Business:

8210 NW 46 CT
LAUDERHILL, FL 33351

New Principal Place of Business:

Current Mailing Address:

8210 NW 46 CT
LAUDERHILL, FL 33351

New Mailing Address:

FEI Number: 65-1000457 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SCHNITZER, GERALD S
2455 E. SUNRISE BLVD.
STE 502
FT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

SCHNITZER, GERALD S
3100 N 29 CT
2 ND. FLOOR
HOLLYWOOD, FL 33020 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: GERALD SCHNITZER 07/08/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOCHSTAT, DAVID
Address: 8210 NW 46 CT
City-St-Zip: LAUDERHILL, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOCHSTADT, DAVID
Address: 8210 NW 46 CT
City-St-Zip: LAUDERHILL, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID HOCHSTADT PD 07/08/2006
Electronic Signature of Signing Officer or Director Date