2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000010262

Entity Name: HANDS OF HEART MASSAGE, INC.

FILED Sep 05, 2012 Secretary of State

| Current Principal Place of Business: | | New Principal Place of | New Principal Place of Business: | |
|--|----------------------------------|-------------------------------|-----------------------------------|--|
| 3020 NE 32ND AVE. #715 FT. LAUDERDALE, FL | 33308 | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| 3020 NE 32ND AVE. #715 | | | | |
| FT. LAUDERDALE, FL | 33308 | | | |
| FEI Number: 65-0829158 | 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: | | | New Registered Agent: | |
| KAUFMAN, ROBERT A 2699 SOUTH BAYSHO SUITE 400 MIAMI, FL 33133 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: | | | | |
| Electro | onic Signature of Registered Age | nt | Date | |
| | | | | |

OFFICERS AND DIRECTORS:

Title:

 Name:
 SILBER, TRACEY M

 Address:
 3020 NE 32ND AVE #715

 City-St-Zip:
 FT. LAUDERDALE, FL 33308

I hereby 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 all other like empowered.

SIGNATURE: TRACEY M. SILBER D 09/05/2012