

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000045975

FILED
Apr 03, 2005
Secretary of State

Entity Name: HANDS ON HEALING OF THE PALM BEACHES, INC.

Current Principal Place of Business:

4317 10TH AVE. NO
LAKE WORTH, FL 33461

New Principal Place of Business:

400 EXECUTIVE CTR. DR.
202
WEST PALM BEACH, FL 33401 US

Current Mailing Address:

165 SUNSHINE BLVD
ROYAL PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 65-1124922 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ALLISON, THOMAS S
165 SUNSHINE BLVD
ROYAL PALM BEACH, FL 33411 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALLISON, THOMAS S
Address: 165 SUNSHINE BLVD
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THOMAS S. ALLISON

D

04/03/2005

Electronic Signature of Signing Officer or Director

Date