


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P01000045975</b>	
<b>1. Entity Name</b> HANDS ON HEALING OF THE PALM BEACHES, INC.	

<b>Principal Place of Business</b> 400 EXECUTIVE CTR. DR. 202 WEST PALM BEACH, FL 33401 US	<b>Mailing Address</b> 165 SUNSHINE BLVD ROYAL PALM BEACH, FL 33411
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04032007 No Chg-P CR2E034 (11/05)

<b>4. FEI Number</b> 65-1124922	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

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

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**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D ALLISON, THOMAS S 165 SUNSHINE BLVD ROYAL PALM BEACH, FL 33411
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	ST ALLISON, GLENDA C 165 SUNSHINE BLVD ROYAL PALM BEACH, FL 33411
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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04/16/07-80039-022 150.00

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**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Thomas Allison **4/4/07 (561)313-7176**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #