

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000048358

FILED
Jan 26, 2004
Secretary of State

Entity Name: HEALING HANDS MASSAGE THERAPY, INC.

Current Principal Place of Business:

C/O APICERNO CHIROPRACTIC
7116 S. MILITARY TRAIL
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

C/O APICERNO CHIROPRACTIC
7116 S. MILITARY TRAIL
LAKE WORTH, FL 33463

New Mailing Address:

C/O APICERNO CHIROPRACTIC
4040 ARTHURIUM AVE.
LAKE WORTH, FL 33462

FEI Number: 65-1124999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, JEAN MICHELE
4040 ARTHURIUM AVE.
LANTANA, FL 33462 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: P () Delete
Name: NELSON, JEAN M
Address: 4040 ARTHURIUM AVE.
City-St-Zip: LANTANA, FL 33462

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: JEAN MICHELE NELSON

PRES

01/26/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date