

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED


06 JUN 13 PM 8:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*K. Nelson*

**DOCUMENT # P01000048358**


1. Entity Name  
**HEALING HANDS MASSAGE THERAPY, INC.**



Principal Place of Business <b>C/O APICERNO CHIROPRACTIC 7116 S. MILITARY TRAIL LAKE WORTH, FL 33463</b>	Mailing Address <b>HEALING HANDS MASSAGE THERAPY, INC 7116 S. MILITARY TRAIL LAKE WORTH, FL 33463</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



05242006 Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1124999</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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

**NELSON, JEAN MICHELE  
4040 ARTHURIUM AVE.  
LAKE WORTH, FL 33462**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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]* (NOTE: Registered Agent signature required when reinstating) DATE: **6/7/06**

**FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE: P NAME: NELSON, JEAN M STREET ADDRESS: 4040 ARTHURIUM AVE. CITY-ST-ZIP: LAKE WORTH, FL 33462	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

*AR*

*IMAGE*

*DS*

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

300076146513

06/13/06--01004--014 \*\*150.00

12. I hereby certify that the information indicated on this report or supplemental report is true and correct, or the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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: *[Signature]* DATE: **6/7/06** DAYTIME PHONE #: **561-964-2009**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 31, 2006

HEALING HANDS MASSAGE THERAPY, INC.  
HEALING HANDS MASSAGE THERAPY, INC  
7116 S. MILITARY TRAIL.  
LAKE WORTH, FL 33463

SUBJECT: HEALING HANDS MASSAGE THERAPY, INC.  
Ref. Number: P01000048358

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

The records of the Division of Corporations do not reflect a name change has been filed for this corporation as indicated on the enclosed annual report. This report cannot be filed under the new name until an amendment has been filed. For your convenience, enclosed are the instructions and/or forms to change the name. Please return the amendment and annual report together to the address indicated on the amendment form.

The amendment filing fee is \$35.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

TINA D CARTER  
OPS

Letter Number: 206A00037698

DIVISION OF CORPORATIONS

06 JUN 12 AM 8:00

RECEIVED