2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# P01000086199

Entity Name: A HEALING TOUCH MASSAGE CENTRE, INC.

Current Principal Place of Business:

3074 HICKORY TREE RD
ST CLOUD, FL 34772

New Principal Place of Business:

3074 OLD HICKORY TREE RD
ST CLOUD, FL 34772

Current Mailing Address:

3074 HICKORY TREE RD
ST CLOUD, FL 34772

New Mailing Address:

3074 OLD HICKORY TREE RD
ST CLOUD, FL 34772

FEI Number: 59-3754738 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PONCE, BEVERLY G
3074 HICKORY TREE RD
ST CLOUD, FL 34772

Name and Address of New Registered Agent:

PONCE, BEVERLY G
3074 OLD HICKORY TREE RD
ST CLOUD, FL 34772

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: _____ 04/27/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PONCE, BEVERLY G
Address: 3074 HICKORY TREE RD
City-St-Zip: ST CLOUD, FL 34772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: PONCE, BEVERLY G
Address: 3074 OLD HICKORY TREE RD
City-St-Zip: ST CLOUD, FL 34772

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: BEVERLY G PONCE D 04/27/2004
Electronic Signature of Signing Officer or Director — Date