2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 23, 2004 8:00 am **Secretary of State** DOCUMENT # P03000037958 1. Entity Name 02-23-2004 90054 009 \*\*\*150.00 HEALING SPIRIT THERAPEUTIC MASSAGE, INC. Principal Place of Business Mailing Address 4016 ORIOLE AVENUE PONCE INLET FL 32127 4016 ORIOLE AVENUE PONCE INLET FL 32127 14000000 2. Principal Place of Business 790 Dunlauton que. Suite, Apt. #, etc CR2E034 (11/03) City & State Applied For FEI Number 2668432 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOPEZ, DAWN N Street Address (P.O. Box Number is Not Acceptable) 4016 ORIOLE AVENUE PONCE INLET FL 32127 City 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 obligation of registered agent. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) nature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 President TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME Daun Lopez STREET ADDRESS folle onde ave STREET ADDRESS 32NU) CITY-ST-ZIP CITY-ST-ZIP Ponce Inlet, FL ☐ Addition TITLE ☐ Defete TITLE Change NAME Tarice Seitert STREET ADDRESS STREET ADDRESS So Halifay dr. 3712) CITY-ST-ZIP CITY-ST-ZIP Port Orange Secretary ☐ Defete TITLE TITLE Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP (casile) TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 attactoment with an address, with all other like empowered.

FILED