

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000104223

FILED
Jun 08, 2004
Secretary of State

Entity Name: HEALING HANDS GROUP HOME INC.

Current Principal Place of Business:

973 SE BROWNING AVENUE
PORT ST. LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

973 SE BROWNING AVENUE
PORT ST. LUCIE, FL 34983

New Mailing Address:

FEI Number: 80-0077542

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUCHEINE, JENNER
605 SE TANNER AVENUE
PORT ST. LUCIE, FL 34984

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DUCHEINE, JENNER
Address: 605 SE TANNER AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: VP () Delete
Name: DAVIS, CHARLENE
Address: 1514 SE ROYAL GREEN CIR. MIDPORT I 101
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: T () Delete
Name: CANCEL, RUBEN
Address: 1901 SE AIROSO BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34984

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RUBEN CANCEL

T

06/08/2004

Electronic Signature of Signing Officer or Director

_____ Date