

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000104223

FILED  
Apr 03, 2006  
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 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: 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: DUCHEINE, MARIE  
Address: 973 SE BROWNING AVENUE  
City-St-Zip: PORT ST. LUCIE, FL 34983

## 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 Chapter 119, 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: JENNER DUCHEINE

P

04/03/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date