

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000136771

Entity Name: HEALING OASIS, INC.

FILED
Apr 22, 2005
Secretary of State

Current Principal Place of Business:

31177 US HWY 19 N
STE 1908
PALM HARBOR, FL 34684

New Principal Place of Business:

2868 WESLEYAN DRIVE
PALM HARBOR, FL 34684

Current Mailing Address:

31177 US HWY 19 N
STE 1908
PALM HARBOR, FL 34684

New Mailing Address:

2868 WESLEYAN DRIVE
PALM HARBOR, FL 34684

FEI Number: 20-0108656

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACMILLAN, HELEN
311 US HWY 19 N
STE 1908
PALM HARBOR, FL 33023 US

Name and Address of New Registered Agent:

MACMILLAN, HELEN
2868 WESLEYAN DRIVE
PALM HARBOR, FL 34684 US

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: HELEN MACMILLAN

04/22/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MACMILLAN, HELEN
Address: 6011 RODMAN ST STE 302
City-St-Zip: HOLLYWOOD, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MACMILLAN, HELEN
Address: 2868 WESLEYAN DRIVE
City-St-Zip: PALM HARBOR, FL 34684

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: HELEN MACMILLAN

D

04/22/2005

Electronic Signature of Signing Officer or Director

Date