2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000091054

Entity Name: LISTENING HANDS BODYWORKS, INC.

FILED Jan 05, 2006 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

3480 MORNING LAKE DRIVE 3384 WOODS EDGE CIRCLE

104 202

BONITA SPRINGS, FL 34134 US BONITA SPRINGS, FL 34134 US

Current Mailing Address: New Mailing Address:

3480 MORNING LAKE DRIVE

BONITA SPRINGS, FL 34134 US

FEI Number: 34-2002677 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HEIM, LYDIA 3480 MORNING LAKE DRIVE BONITA SPRINGS, FL 34134 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:

Date

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P TR () Delete Title: **PRFS** (X) Change () Addition

Name: HEIM, LYDIA Name: HEIM, LYDIA

3480 MORNING LAKE DRIVE #202 3480 MORNING LAKE DRIVE #202 Address: Address: City-St-Zip: BONITA SPRINGS, FL 34134 US City-St-Zip: BONITA SPRINGS, FL 34134 US

() Delete Title: VP,S Title: () Change () Addition

HEIM, ROSCOE Name: Name: 3480 MORNING LAKE DRIVE #202 Address: Address: BONITA SPRINGS, FL 34134 US City-St-Zip: 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: LYDIA HEIM **PRES** 01/05/2006