

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000123692

Entity Name: HEALING ANGELS DAY SPA, INC.

FILED
Apr 29, 2006
Secretary of State

Current Principal Place of Business:

2609 GAILLARDIA ROAD
JACKSONVILLE, FL 32211 US

Current Mailing Address:

2609 GAILLARDIA ROAD
JACKSONVILLE, FL 32211 US

New Principal Place of Business:

6816 SOUTHPOINT PARKWAY
600
JACKSONVILLE, FL 32216 US

New Mailing Address:

6816 SOUTHPOINT PARKWAY
600
JACKSONVILLE, FL 32216 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DURLACHER, ADELE L
708 TROWBRIDGE DRIVE
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

DURLACHER, ADELE L
6816 SOUTHPOINT PARKWAY
600
JACKSONVILLE, FL 32216 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: ADELE DURLACHER

04/29/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, D () Delete
Name: DURLACHER, ADELE L
Address: 2609 GAILLARDIA ROAD
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: VP, D () Delete
Name: ALDER, ANN M
Address: 2609 GAILLARDIA ROAD
City-St-Zip: JACKSONVILLE, FL 32211 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, D (X) Change () Addition
Name: DURLACHER, ADELE L
Address: 6816 SOUTHPOINT PARKWAY #600
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: VP, D (X) Change () Addition
Name: ALDER, ANN M
Address: 6816 SOUTHPOINT PARKWAY #600
City-St-Zip: JACKSONVILLE, FL 32216 US

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: ADELE DURLACHER

P, D

04/29/2006

Electronic Signature of Signing Officer or Director

Date