

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000158887

FILED
Apr 19, 2006
Secretary of State

Entity Name: HEALING HANDS HEALTH AND WELLNESS CENTER, INC

Current Principal Place of Business:

3517 NE 12TH ST
OCALA, FL 34470

New Principal Place of Business:

1031 NW 6TH STREET
GAINESVILLE, FL 32601

Current Mailing Address:

3517 NE 12TH ST
OCALA, FL 34470

New Mailing Address:

PO BOX 6003
GAINESVILLE, FL 32627

FEI Number: 59-3722983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORRALES, DULCE M
3517 NE 12TH ST
OCALA, FL 34470 US

Name and Address of New Registered Agent:

CORRALES, DULCE M
730 NE 10TH PLACE
GAINESVILLE, FL 32601 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: _____

Electronic Signature of Registered Agent

04/19/2006

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: CORRALES, DULCE M
Address: 3517 NE 12TH ST
City-St-Zip: Ocala, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: CORRALES, DULCE M
Address: PO BOX 6003
City-St-Zip: GAINESVILLE, FL 32627

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: DULCE MARIA CORRALES

Electronic Signature of Signing Officer or Director

P/D

04/19/2006

Date