


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000011876
 1. Entity Name
 HEALTHY HEALING ARTS CENTRE, INC.



Principal Place of Business Mailing Address
 5 RANDY LN P.O. BOX 325
 LEHIGH ACRES, FL 33972 US LEHIGH ACRES, FL 33970 US

DO NOT WRITE IN THIS SPACE



02112008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4190168	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANSONE, HOLLY
 5 RANDY LN
 PO BOX 1325
 LEHIGH ACRES, FL 33970

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Holly Sansone (Holly Sansone) DATE: Feb 12, 08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000829513
 02/25/08-80045-011 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANSONE, PETER F P.O. BOX 325 LEHIGH ACRES, FL 33970
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, SANSONE, HOLLY L P.O. BOX 325 FORT MYERS, FL 33970
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Peter Sansone DATE: Feb 12, 08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Peter Sansone