

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000016506

**FILED**  
**Feb 22, 2012**  
**Secretary of State**

**Entity Name:** ALICE'S HEALING TOUCH THERAPUTIC MASSAGE INC

**Current Principal Place of Business:**

4554 HWY 20 EAST  
NICEVILLE, FL 32578

**New Principal Place of Business:**

255 MIRICAL STRIP PARKWAY SE  
UNIT B-5  
FORT WALTON BEACH, FL 32548

**Current Mailing Address:**

4554 HWY 20 EAST  
NICEVILLE, FL 32578

**New Mailing Address:**

211 WALKER CIRCLE W  
CRESTVIEW, FL 32539

**FEI Number:** 20-4261065

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCCONNELL, ALICE R L.M.T  
4554 HWY 20 EAST  
NICEVILLE, FL 32578 US

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

MCCONNELL, ALICE R L.M.T  
211 WALKER CIRCLE W  
CRESTVIEW, FL 32539 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:

02/22/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MCCONNELL, ALICE R L.M.T.  
Address: 211 WALKER CIRCLE W  
City-St-Zip: CRESTVIEW, FL 32539

I hereby 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 all other like empowered.

SIGNATURE: ALICE R MCCONNELL

MRS

02/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date