2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2011
Secretary of State

DOCUMENT# P06000024286

Entity Name: HEALING HANDS THERAPY, INC.

Current Principal Place of Business:

11442 RIDGE RD
NEW PORT RICHEY, FL 34654

New Principal Place of Business:

7218 MASSACHUSETTS AVE
NEW PORT RICHEY, FL 34653

Current Mailing Address:

11442 RIDGE RD
NEW PORT RICHEY, FL 34654

New Mailing Address:

7218 MASSACHUSETTS AVE
NEW PORT RICHEY, FL 34653

FEI Number: 20-4338478 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAGNON, DAVID
4349 FORT SHAW DRIVE
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

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 Date

OFFICERS AND DIRECTORS:

Title: P
Name: GAGNON, LINDA
Address: 4349 FORT SHAW DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: T
Name: GAGNON, DAVID
Address: 4349 FORT SHAW DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

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: LINDA GAGNON P 03/25/2011

Electronic Signature of Signing Officer or Director Date