2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000093350

1. Entity Name
THE SANCTUARY MASSAGE & HOLISTIC HEALTH, INC.

Principal Place of Business	Mailing Address
140 NE 2ND AVENUE STUDIO # 30 DELRAY BEACH, FL 33444	59 NW 45TH AVENUE # 206 DEERFIELD BEACH, FL 33442

02142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5199902
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARTER, LAURE
59 NW 45TH AVENUE
206
DEERFIELD BEACH, FL 33442

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

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CARTER, LAURE
STREET ADDRESS	59 NW 45TH AVENUE # 206
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
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04/29/08-80011-022 150.00

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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: Laure Carter 04/14/08 954-871-6826
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR AUTHORIZED OFFICER Date Daytime Phone #