

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000133767

FILED
Jan 07, 2010
Secretary of State

Entity Name: HANDS ON HEALING, INC.

Current Principal Place of Business:

512 NW 158 LANE
PEMBROKE PINES, FL 330281545 US

New Principal Place of Business:

Current Mailing Address:

5104 ARTESA WAY W
PALM BEACH GARDENS, FL 33418 US

New Mailing Address:

512 NW 158 LANE
PEMBROKE PINES, FL 330281545 US

FEI Number: 20-5753178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE LEGAIR LAW FIRM, PA
1601 N PALM AVENUE
304A
PEMBROKE PINES, FL 33026 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: ALVAREZ, MICHELLE L
Address: 512 NW 158 LANE
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: S
Name: ALVAREZ, MICHELLE L
Address: 512 NW 158 LANE
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: T
Name: ALVAREZ, MICHELLE L
Address: 512 NW 158 LANE
City-St-Zip: PEMBROKE PINES, FL 33028 US

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: MICHELLE ALVAREZ

DR

01/07/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date