2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000135449

Entity Name: THE SANCTUARY FOR THE HEALING ARTS, INC.

FILED Apr 09, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

405 LAKEVIEW DR.
ROYAL PALM BEACH, FL 33411

1448 COLLINS ROAD
FORT MYERS, FL 33919

Current Mailing Address: New Mailing Address:

405 LAKEVIEW DR. 1448 COLLINS ROAD ROYAL PALM BEACH, FL 33411 FORT MYERS, FL 33919

FEI Number: 20-5811280 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ACOSTA, ISABEL P
405 LAKEVIEW DR.
ROYAL PALM BEACH, FL 33411 US

ACOSTA, ISABEL P
1448 COLLINS ROAD
FORT MYERS, FL 33919 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: ISABEL PETRA ACOSTA 04/09/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO () Delete Title: CEO (X) Change () Addition

 Name:
 ACOSTA, ISABEL P
 Name:
 ACOSTA, ISABEL P

 Address:
 405 LAKEVIEW DR.
 Address:
 1448 COLLINS ROAD

 City-St-Zip:
 ROYAL PALM BEACH, FL 33411
 City-St-Zip:
 FORT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ISABEL PETRA ACOSTA CEO 04/09/2008