

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P06000144824**

1. Entity Name  
INTUITIVE HEALING TOUCH, INC.



Principal Place of Business  
1611 SOUTHWEST 127 AVENUE  
DAVIE, FL 33325

Mailing Address  
1611 SOUTHWEST 127 AVENUE  
DAVIE, FL 33325



02252008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
22-3947422

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

KARNES, JAMES P  
1611 SW 127 AVE  
DAVIS, FL 33325

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

000000847780  
03/13/08-80032-024 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME KARNES, JAMES P  
STREET ADDRESS 1611 SOUTHWEST 127 AVENUE  
CITY-ST-ZIP DAVIE, FL 33325

TITLE VST  
NAME KARNES, LEONICE M  
STREET ADDRESS 1611 SOUTHWEST 127 AVENUE  
CITY-ST-ZIP DAVIE, FL 33325

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*James P. Karnes* JAMES P. KARNES

2-25-2008

954-423-8509

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #