

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000077843

FILED
Jul 03, 2008
Secretary of State

Entity Name: BEACHES HEALING CENTRE INC.

Current Principal Place of Business:

2344 SOUTH THIRD ST.
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

Current Mailing Address:

2344 SOUTH THIRD ST.
JACKSONVILLE BEACH, FL 32250 US

New Mailing Address:

572 MAGNOLIA STREET
NEPTUNE BEACH, FL 32263732 US

FEI Number: 26-0526816

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEARS, CRAIG A
572 MAGNOLIA ST.
NEPTUNE BEACH, FL 32266 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MEARS, CRAIG A
Address: 572 MAGNOLIA ST.
City-St-Zip: NEPTUNE BEACH, FL 32266 US

Title: P () Delete
Name: MEARS, CRAIG A
Address: 572 MAGNOLIA ST.
City-St-Zip: NEPTUNE BEACH, FL 32266 US

Title: VP () Delete
Name: MEARS, CRAIG A
Address: 572 MAGNOLIA ST.
City-St-Zip: NEPTUNE BEACH, FL 32266 US

Title: S () Delete
Name: MEARS, CRAIG A
Address: 572 MAGNOLIA ST.
City-St-Zip: NEPTUNE BEACH, FL 32266 US

Title: T () Delete
Name: MEARS, CRAIG A
Address: 572 MAGNOLIA ST.
City-St-Zip: NEPTUNE BEACH, FL 32266 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CRAIG A MEARS

D

07/03/2008

Electronic Signature of Signing Officer or Director

Date