

2010 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 21, 2010
Secretary of State

Entity Name: HEALING HANDS PAIN RELIEF CENTER INC.

Current Principal Place of Business:

2240 US HWY 92 EAST
LAKELAND, FL 33801

New Principal Place of Business:

1321 E MEMORIAL BLVD
203
LAKELAND, FL 33801

Current Mailing Address:

HEALING HANDS PAIN RELIEF CENTER INC
PO BOX 496
LAKELAND, FL 33802

New Mailing Address:

FEI Number: 35-2302984 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FERNAND, KING
4633 WILLIAMSTOWN BLVD
LAKELAND, FL 33810 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: DIRE
Name: FERNAND, KING
Address: 4633 WILLIAMSTOWN BLVD
City-St-Zip: LAKELAND, FL 33810 US

Title: OFFI
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Address: 4633 WILLIAMSTOWN BLVD
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City-St-Zip: LAKELAND, FL 33810 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: KING FERNAND

OFFI

02/21/2010

Electronic Signature of Signing Officer or Director

Date