2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000103777

NO. LAUDERDALE, FL 33068 US

City-St-Zip:

Entity Name: HEALING VUE INC.

FILED Jan 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4985 SW 91ST TERRACE COOPER CITY, FL 33328 US **Current Mailing Address: New Mailing Address:** 4985 SW 91ST TERRACE COOPER CITY, FL 33328 US FEI Number: 26-1111761 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: ZIELINSKI, JASON PA 800 EAST BROWARD BLVD. SUITE 702 FORT LAUDERDALE, FL 33301 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO () Delete Title: () Change () Addition ELSHAZLY-GIRAUD, MONA Name: Name: 4985 SW 91ST TERRACE Address: Address: City-St-Zip: COOPER CITTY, FL 33328 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: ELSHAZLY, RAHMA Name: 2084 CHAMPION WAY Address: 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: ELSHAZLY-GIRAUD, MONA CEO 01/21/2009