

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P08000012179

**FILED**  
**May 11, 2010**  
**Secretary of State**

**Entity Name:** POWERFUL HEALING TOOLS, INC.

**Current Principal Place of Business:**

3621 OAKS CLUB HOUSE DR  
SUITE 103  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

3621 OAKS CLUB HOUSE DR  
SUITE 103  
POMPANO BEACH, FL 33069

**New Mailing Address:**

**FEI Number:** 26-1756642

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HILSBERG, BEATRIZ  
3621 OAKS CLUB HOUSE DR  
103  
POMPANO BEACH, FL 33069 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HILSBERG, BEATRIZ  
Address: 3621 OAKS CLUB HOUSE DR # 103  
City-St-Zip: POMPANO BEACH, FL 33069

Title: VP  
Name: WEIR, MARY L MISS  
Address: 325 14TH AVE.  
City-St-Zip: VERO BEACH, FL 32962

Title: VP  
Name: WALKER, BRIDGET L MS.  
Address: 102 FOX HILL RUN DRIVE  
City-St-Zip: WOODBRIDGE, NJ 07095

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: BEATRIZ HILSBERG

P

05/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date