2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2010
Secretary of State

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Entity Name: HEALING HEALTH THERAPEUTICS AND ASSOCIATES, INC.

Current Principal Place of Business:

12000 NORTH DALE MABRY HWY
SUITE 110
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 27-8582
MIRAMAR, FL 33027 US

New Mailing Address:

FEI Number: 26-2455264 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THE LAW OFFICES OF NICK SPRADLIN, PLLC
12000 NORTH DALE MABRY HWY
SUITE 110
TAMPA, FL 33618 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: D
Name: DOMINGUEZ, NILDA M
Address: P.O. BOX 27-8582
City-St-Zip: MIRAMAR, FL 33027 US

Title: P
Name: DOMINGUEZ, NILDA M
Address: P.O. BOX 27-8582
City-St-Zip: MIRAMAR, FL 33027 US

Title: S
Name: DOMINGUEZ, NILDA M
Address: P.O. BOX 27-8582
City-St-Zip: MIRAMAR, FL 33027 US

Title: T
Name: DOMINGUEZ, NILDA M
Address: P.O. BOX 27-8582
City-St-Zip: MIRAMAR, FL 33027 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: NILDA M. DOMINGUEZ PRES 01/07/2010

Electronic Signature of Signing Officer or Director Date