2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# P08000103601

Entity Name: LASER HEALING CLINIC, INC.

Current Principal Place of Business:

1927 BEACON BAY CT
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

1927 BEACON BAY CT
APOPKA, FL 32712

New Mailing Address:

FEI Number: 26-3782157 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEMBO, LUANNE
1927 BEACON BAY CT
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

MILANO, CHRISTINA F
1927 BEACON BAY CT
APOPKA, FL 32712 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: CHRISTINA MILANO 02/17/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete
Name: LEMBO, LUANNE
Address: 1927 BEACON BAY CT
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition
Name: MILANO, CHRISTINA F
Address: 1927 BEACON BAY CT
City-St-Zip: APOPKA, FL 32712

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: CHRISTINA MILANO PTSD 02/17/2009
Electronic Signature of Signing Officer or Director Date