

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000035827

FILED
Jul 04, 2005
Secretary of State

Entity Name: HEALING THERAPIES OF THE PALM BEACHES, INC.

Current Principal Place of Business:

481 N JUNO LANE
JUNO BEACH, FL 33408

New Principal Place of Business:

4175 MAIN STREET
JUPITER, FL 33458

Current Mailing Address:

481 N JUNO LANE
JUNO BEACH, FL 33408

New Mailing Address:

4175 MAIN STREET
JUPITER, FL 33458

FEI Number: 65-0662811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAY, JUDY L
481 N JUNO LANE
JUNO BEACH, FL 33408 US

Name and Address of New Registered Agent:

RAY, JUDY L
4175 MAIN STREET
JUPITER, FL 33458 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

07/04/2005

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RAY, JUDY L
Address: 481 N JUNO LANE
City-St-Zip: JUNO BEACH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RAY, JUDY L
Address: 4175 MAIN STREET
City-St-Zip: JUPITER, FL 33458

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JUDY L RAY

D

07/04/2005

Electronic Signature of Signing Officer or Director

Date