2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2010
Secretary of State

DOCUMENT# P98000077591

Entity Name: HOLISTIC HEALTH CONNECTION, INC.

Current Principal Place of Business:

329 COUNTY LINE ROAD, EAST
LUTZ, FL 33549

New Principal Place of Business:

329 COUNTY LINE ROAD, EAST
LUTZ, FL 33549 US

Current Mailing Address:

329 COUNTY LINE RD, EAST
LUTZ, FL 33549

New Mailing Address:

329 COUNTY LINE RD, EAST
LUTZ, FL 33549 US

FEI Number: 59-3552797 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOOVER, DENNIS L
329 COUNTY LINE ROAD, EAST
LUTZ, FL 33549 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: PTSD
Name: HOOVER, DENNIS L MD
Address: 329 COUNTY LINE ROAD, EAST
City-St-Zip: LUTZ, FL 33549 US

Title: D
Name: NEWCOMB HOOVER, TERESA LYN
Address: 329 COUNTY LINE ROAD, EAST
City-St-Zip: LUTZ, FL 33549 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: ROBERT G BEARD JR JD LLM CPA CPA 02/20/2010

Electronic Signature of Signing Officer or Director Date