

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000094765

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** ESSENTIAL HEALING THERAPY, INC.

**Current Principal Place of Business:**

760 17TH AVENUE  
VERO BEACH, FL 32962

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ESSENTIAL HEALING THERAPY, INC.  
760 17TH AVENUE  
VERO BEACH, FL 32962

**New Mailing Address:**

760 17TH AVENUE  
VERO BEACH, FL 32962

**FEI Number:** 65-0876984

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MONAGHAN, EDIE S PRES.  
760 17TH AVENUE  
VERO BEACH, FL 32962 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: PD  
Name: MONAGHAN, EDIE S PRES.  
Address: 760 17TH AVENUE  
City-St-Zip: VERO BEACH, FL 32962

Title: D  
Name: MONAGHAN, PATRICK H  
Address: 760 17TH AVENUE  
City-St-Zip: VERO BEACH, FL 32962

Title: T  
Name: SARVER, TOM  
Address: 5044 SUNSET WAY  
City-St-Zip: HERMITAGE, TN 37076

Title: T  
Name: BROWN, CLEMENTINA  
Address: 815 E ROAD  
City-St-Zip: LOXAHATCHEE, FL 33470

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: EDIE MONAGHAN

PRES

04/25/2011

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

\_\_\_\_\_  
Date