


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90029 047 ***150.00

DOCUMENT # P99000028172

1. Entity Name
ALL HEALING THERAPY, INC.



Principal Place of Business
DELRAY BEACH MARRIOTT
10 N. OCEAN BLVD
DELRAY BEACH, FL 33483


Mailing Address
~~2307 LINTON RIDGE CIR. #C12~~
DELRAY BEACH, FL 33444

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
660 Carl Bolter DR
 Suite, Apt. #, etc.

City & State
Delray Beach FL

Zip
33444 Country
Palm Beach



03102005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3573225 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DUGDELL, SANDRA
2307 LINTON RIDGE CIR. #C12
DELRAY BEACH, FL 33444

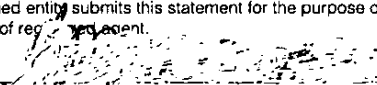
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE

Signature, title or printed name of registered agent; file if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
NAME DUGDELL, SANDRA		NAME 660 Carl Bolter Drive	
STREET ADDRESS 2307 LINTON RIDGE CIR. #C12		STREET ADDRESS Delray Beach FL 33444	
CITY-ST-ZIP DELRAY BEACH, FL 33444		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #