

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

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| DOCUMENT # P99000057339 | |
| 1. Entity Name SOOTHING ARTS - HEALING THERAPIES, INC. | |
| Principal Place of Business 310 MOUNTAIN DR STE B DESTIN, FL 32541 US | Mailing Address P.O. BOX 1321 SANTA ROSA BEACH, FL 32459 |



04032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 4. FEI Number 59-3604383 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent KELLER, VON A JR 93 BEACH DR NORTH MIRAMAR BEACH, FL 32550 |
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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U00000946059

05/30/08-80033-008 158.75

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD KELLER, VON A 93 BEACH DR N MIRAMAR BEACH, FL 32550 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD KELLER, BETTY B 93 BEACH DR N MIRAMAR BEACH, FL 32550 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Von A Keller Jr VON A KELLER JR April 30, 2008 850-269-0820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #