

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000057339

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** SOOTHING ARTS - HEALING THERAPIES, INC.

**Current Principal Place of Business:**

12605 EMERALD COAST PKWY W  
SUITE 2  
MIRAMAR BEACH, FL 32550 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1321  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

**FEI Number:** 59-3604383

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

KELLER, VON A JR  
93 BEACH DR NORTH  
MIRAMAR BEACH, FL 32550 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: PTD  
Name: KELLER, VON A JR  
Address: 93 BEACH DR N  
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: VSD  
Name: KELLER, BETTY B  
Address: 93 BEACH DR N  
City-St-Zip: MIRAMAR BEACH, FL 32550

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: VON A. KELLER, JR.

PDT

04/27/2012

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

\_\_\_\_\_  
Date