


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 11, 2007 8:00 am**  
**Secretary of State**

07-11-2007 90078 001 \*\*\*\*61.25

**DOCUMENT # N05000002165**

1. Entity Name  
**EAST WOODLAND ROAD HOME AND LAND OWNERS, INC.**



Principal Place of Business <b>119 E WOODLAND RD          SOUTHPORT, FL 32409</b>	Mailing Address <b>P.O. BOX 8167          SOUTHPORT, FL 32409</b>
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**DO NOT WRITE IN THIS SPACE**



03152007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>72-1595047</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MICHAELS, GORDON L  
 119 E WOODLAND RD  
 SOUTHPORT, FL 32405**

**DO NOT WRITE 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 \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JONES, BILLY 607 E WOODLAND RD SOUTHPORT, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KINARD, RACHEL 18 E WOODLAND RD SOUTHPORT, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MICHAELS, GORDON 119 E WOODLAND RD SOUTHPORT, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CULLEN, VAL 104 E. WOODLAND Rd. SOUTHPORT, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 617, 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 Gordon L. Michaels **GORDON L. MICHAELS DT** 7/2/07 850-348-0646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT  
~~NATIONAL HEALING  
CORPORATION~~

40124400

# W05000002165

Please Abate late filing penalty  
due to circumstances that prevented  
us from having our meeting to elect  
new officers.

Thank you in advance  
A. Longfellow