2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003296

FILED Apr 29, 2006 Secretary of State

Entity Name: THE CENTER FOR PRANIC HEALING AND WELLNESS, INC.

Current Principal Place of Business:	New Principal Place of Business:
1010 N 12TH AVE STE 307 PENSACOLA, FL 32501	1010 NORTH 12TH AVENUE SUITE 307 PENSACOLA, FL 32501
Current Mailing Address:	New Mailing Address:
I010 N 12TH AVE STE 307 PENSACOLA, FL 32501	107 BAYBRIDGE GULF BREEZE, FL 32561
FEI Number: 20-2596860 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
FAIRLEIGH, VICKI 96 CHANTECLAIRE CIR GULF BREEZE, FL 32561 US	FAIRLEIGH, VICKI 96 CHANTECLAIRE CIRCLE GULF BREEZE, FL 32561 US
	e purpose of changing its registered office or registered agent, or both,
The above named entity submits this statement for the named entity submits this statement for the State of Florida.	e purpose of changing its registered office or registered agent, or both, 04/29/2006
n the State of Florida. ´	04/29/2006
n the State of Florida. ´ BIGNATURE:	04/29/2006
n the State of Florida. BIGNATURE: Electronic Signature of Registered A DFFICERS AND DIRECTORS: Title: () Delete lame: kiddress:	04/29/2006 Agent Date
n the State of Florida. SIGNATURE: Electronic Signature of Registered A DFFICERS AND DIRECTORS:	Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: PRES () Change (X) Addition Name: WILLIAMS, CONNIE Address: 107 BAYBRIDGE
n the State of Florida. SIGNATURE: Electronic Signature of Registered A DFFICERS AND DIRECTORS: Title: Jame: Address: Title: Jame: Ja	Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: PRES () Change (X) Addition Name: WILLIAMS, CONNIE Address: 107 BAYBRIDGE City-St-Zip: GULF BRREZE, FL 32561 Title: VICE () Change (X) Addition Name: FAIRLEIGH, VICKI Address: 96 CHANTECLAIRE CIRCLE

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICKI FAIRLEIGH VICE 04/29/2006