

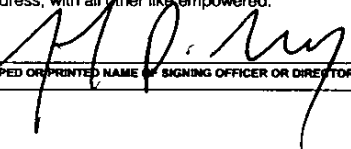


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90359 020 ****61.25

DOCUMENT # N05000011297					
1. Entity Name HEALTH THROUGH WALLS, INC.					
Principal Place of Business 12555 BISCAYNE BLVD., STE. 955 NORTH MIAMI, FL 33181			Mailing Address 12555 BISCAYNE BLVD., STE. 955 NORTH MIAMI, FL 33181		
2. Principal Place of Business		3. Mailing Address		01242006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number EIN 55-0909719	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MAY, JOHN P. 13240 N. BAYSHORE DR. NORTH MIAMI, FL 33181			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 		3/29/2006		DATE	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MAY, JOHN P.	NAME	JOHNNIE LAMBERT		
STREET ADDRESS	13240 N. BAYSHORE DR.	STREET ADDRESS	1214 15th ST		
CITY-ST-ZIP	N. MIAMI, FL 33181	CITY-ST-ZIP	PORT ROYAL, SC 29935		
TITLE	DV <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KARSHAN, MICHELLE	NAME	ANGELA DEAL		
STREET ADDRESS	70A GREENWICH AVE., BOX 373	STREET ADDRESS	2300 SAMPLE RD, # 313		
CITY-ST-ZIP	NEW YORK, NY 10011	CITY-ST-ZIP	POMPANO BEACH, FL 33073		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GETACHEW, ASRESAHEGAN	NAME	WILLIAM MADDOX		
STREET ADDRESS	12208 QUICK FOX LANE	STREET ADDRESS	40 Bay 66400		
CITY-ST-ZIP	BOWIE, MD 20720	CITY-ST-ZIP	WASHINGTON DC 20035		
TITLE	D <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS, DAVID L.	NAME			
STREET ADDRESS	3200 S. UNIVERSITY DR., 4TH FLOOR	STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE, FL 33328	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DORSAINVIL, PIERRE	NAME			
STREET ADDRESS	600 N. CONGRESS AVE., STE. 430A	STREET ADDRESS			
CITY-ST-ZIP	DEL RAY BEACH, FL 33445	CITY-ST-ZIP			
TITLE	ST <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDREWS, MARK C.	NAME			
STREET ADDRESS	13240 N. BAYSHORE DR.	STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI, FL 33181	CITY-ST-ZIP			
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: 		3/29/2006		305-519-0171	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	