

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 14, 2009
Secretary of State**

DOCUMENT# N05000011297

Entity Name: HEALTH THROUGH WALLS, INC.

Current Principal Place of Business:

12555 BISCAYNE BLVD., STE. 955
NORTH MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

12555 BISCAYNE BLVD., STE. 955
NORTH MIAMI, FL 33181

New Mailing Address:

FEI Number: 55-0909719 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MAY, JOHN P.
13240 N. BAYSHORE DR.
NORTH MIAMI, FL 33181 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: DP () Delete
Name: MAY, JOHN P.
Address: 13240 N. BAYSHORE DR.
City-St-Zip: N. MIAMI, FL 33181

Title: DV () Delete
Name: KARSHAN, MICHELLE
Address: 70A GREENWICH AVE., BOX 373
City-St-Zip: NEW YORK, NY 10011

Title: D () Delete
Name: GETACHEW, ASRESAHEGAN
Address: 12208 QUICK FOX LANE
City-St-Zip: BOWIE, MD 20720

Title: D () Delete
Name: THOMAS, DAVID L.
Address: 3200 S. UNIVERSITY DR., 4TH FLOOR
City-St-Zip: FT. LAUDERDALE, FL 33328

Title: D () Delete
Name: DORSAINVIL, PIERRE
Address: 600 N. CONGRESS AVE., STE. 430A
City-St-Zip: DEL RAY BEACH, FL 33445

Title: ST () Delete
Name: ANDREWS, MARK C.
Address: 13240 N. BAYSHORE DR.
City-St-Zip: N. MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DEAL, ANGELA
Address: 2300 NW 6TH STREET
City-St-Zip: POMPANO BEACH, FL 33069

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARK ANDREWS

ST

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date