

FILED
Jun 18, 2007 8:00 am
Secretary of State

05-18-2007 90208 001 ***300.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000123518 1. Entity Name HOSANNA EDUCATIONAL HEALTH CENTER, INC.	
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Principal Place of Business 160 NW 176TH STREET SUITE 202 MIAMI, FL 33169 US	Mailing Address 14855 SW 39 CT MIRAMAR, FL 33027 US
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DO NOT WRITE IN THIS SPACE

66019328

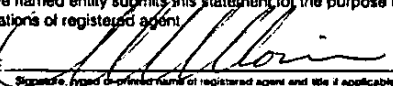


05032007 No Chg-P CR2E034 (11/05)

4. FEI Number 33-1103844	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AUGUSTIN, JACKSON 9491 PALM CIRCLE SOUTH # 208 PEMBROKE PINES, FL 33027	DO NOT WRITE IN THIS SPACE
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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  DATE 6-01-07
(NOTE: Registered Agent signature required when renewing)

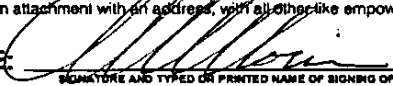
**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

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	P AUGUSTIN, JACKSON 9491 PALM CIRCLE SOUTH APT. 208 PEMBROKE PINES, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORIN, MARIE MAUD 14855 SW 39 CT MIRAMAR, FL 33027
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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 607, 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  DATE 6-01-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR