

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000308

FILED
Mar 31, 2009
Secretary of State

Entity Name: THE HEALING PROJECT, INC.

Current Principal Place of Business:

7430 NW 1ST CT
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

7430 NW 1ST CT
PEMBROKE PINES, FL 33024

New Mailing Address:

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

Name and Address of Current Registered Agent:

ABRAHAM, ANNE-MONIQUE
7430 NW 1ST CT
PEMBROKE PINES, FL 33024 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: P () Delete
Name: ABRAHAM, ANNE-MONIQUE
Address: 7430 NW 1ST CT
City-St-Zip: PEMBROKE PINES, FL 33024

Title: V () Delete
Name: ABRAHAM, PAUL
Address: 7430 NW 1ST CT
City-St-Zip: PEMBROKE PINES, FL 33024

Title: S () Delete
Name: ADE, MARILINE
Address: 3608 SW 70 AVE
City-St-Zip: MIRAMAR, FL 33023

Title: T () Delete
Name: ZAMOR, MICHELLE
Address: 8540 N SHERMAN CIR. APT 203
City-St-Zip: MIAMI, FL 33025

Title: D () Delete
Name: ALEXIS, MARIE
Address: 8352 PINES BLVD. #378
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D () Delete
Name: LETANG, THERESE
Address: 1810 ACAPULCO DR
City-St-Zip: MIRAMAR, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ANNE M. ABRAHAM

MRS.

03/31/2009

Electronic Signature of Signing Officer or Director

Date