2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2006
Secretary of State

DOCUMENT# L05000108219

Entity Name: PATHWAYS OF HEALING, LLC

Current Principal Place of Business:

1533 COPPERSMITH CT
LUTZ, FL 33559 US

New Principal Place of Business:

Current Mailing Address:

1533 COPPERSMITH CT
LUTZ, FL 33559 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

LEE, LAURA A MS.
1533 COPPERSMITH CT
LUTZ, FL 33559 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

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: OTR ( ) Change (X) Addition
Name: LEE, LAURA A MS
Address: 1533 COPPERSMITH CT
City-St-Zip: LUTZ, FL 33559 US

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LAURA A. LEE MS. 02/25/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date