2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007
Secretary of State

DOCUMENT# N00000006557

Entity Name: HEALING HOUSE NETWORK, INC.

Current Principal Place of Business:

2766 BAY GROVE ROAD
FREEPORT, FL 32439

New Principal Place of Business:

2849 LAUREL PARK HIGHWAY
HENDERSONVILLE, NC 28739

Current Mailing Address:

P.O. BOX 2339
SANTA ROSA BEACH, FL 32459

New Mailing Address:

2849 LAUREL PARK HIGHWAY
HENDERSONVILLE, NC 28739

FEI Number: 59-3674645 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KYLSTRA, CHESTER D
2766 BAY GROVE ROAD
FREEPORT, FL 32439 US

Name and Address of New Registered Agent:

HEDMAN, SUSAN
174 SHORT AVENUE
FREEPORT, FL 32439 US

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: SUSAN HEDMAN 04/03/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PTSD	( ) Delete
Name:	KYLSTRA, CHESTER D	
Address:	2766 BAY GROVE ROAD	
City-St-Zip:	FREEPORT, FL 32459	
Title:	VD	( ) Delete
Name:	KYLSTRA, BETSY S	
Address:	2766 BAY GROVE ROAD	
City-St-Zip:	FREEPORT, FL 32459	
Title:	D	( ) Delete
Name:	ROEDER, DAVID	
Address:	2447 EAST COUNTY ROAD 250 S	
City-St-Zip:	VERSAILLES, IN 47042	
Title:	D	( ) Delete
Name:	ROEDER, LINDA	
Address:	2447 EAST COUNTY ROAD 250 S	
City-St-Zip:	VERSAILLES, IN 47042	
Title:	D	( ) Delete
Name:	KINDLER, JOHN	
Address:	325 KOPE CON POINTE	
City-St-Zip:	COLDWATER, MI 49036	
Title:	D	( ) Delete
Name:	KINDLER, LESLIE	
Address:	325 KOPE CON POINTE	
City-St-Zip:	COLDWATER, MI 49036	

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 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: CHESTER KYLSTRA P 04/03/2007
Electronic Signature of Signing Officer or Director — Date