

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002992

FILED
Aug 31, 2009
Secretary of State

Entity Name: HOUSE OF HEALING, INC.

Current Principal Place of Business:

10720 FALLOW TRAIL
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

10720 FALLOW TRAIL
ORLANDO, FL 32817

New Mailing Address:

FEI Number: 59-3716178 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

EUBANKS-WORLDS, SHALEANA
10720 FALLOW TRAIL
ORLANDO, FL 32817 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: AMBROISE, JENNIFER D
Address: 92 C BEVERLY HILL TERRACE
City-St-Zip: WOODBRIDGE, NJ 07095

Title: D () Delete
Name: SMITH, PENNY R
Address: 604 COURTLAND STREET #200
City-St-Zip: ORLANDO, FL 32804

Title: D () Delete
Name: RHAMES, CHARMAINE
Address: 6205 ROCKY TRAIL
City-St-Zip: ORLANDO, FL 32808

Title: PD () Delete
Name: EUBANKS-WORLDS, SHALEANA
Address: 10720 FALLOW TRAIL
City-St-Zip: ORLANDO, FL 32817

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:

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: SHALEANA EUBANKS-WORLDS

PD

08/31/2009

Electronic Signature of Signing Officer or Director

Date