


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90014 010 \*\*\*\*70.00

<b>DOCUMENT # N02000007447</b>					
<b>1. Entity Name</b> BARBARA BRENNAN CENTER FOR RESEARCH AND HEALING, INC.					
<b>Principal Place of Business</b> 500 NE SPANISH RIVER BLVD SUITE 6 BOCA RATON, FL 33431			<b>Mailing Address</b> 500 NE SPANISH RIVER BLVD SUITE 6 BOCA RATON, FL 33431		
<b>2. Principal Place of Business</b> 500 NE SPANISH RIVER BLVD		<b>3. Mailing Address</b> Suite 208			
Suite, Apt. #, etc. Suite 208		Suite, Apt. #, etc. Suite 208			
City & State Same		City & State Same			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 22-3881904	
<b>5. Certificate of Status Desired</b>				<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> BRENNAN, BARBARA 500 NE SPANISH RIVER BLVD SUITE 6 BOCA RATON, FL 33431			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite 208 City FL Zip Code		
<b>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.</b>					
SIGNATURE <u>Diane Dodge</u> <i>Diane Dodge</i> <u>7/6/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> BRENNAN, BARBARA <b>STREET ADDRESS</b> 2774 OCEAN BLVD #106 <b>CITY-ST-ZIP</b> PALM BEACH, FL 33380	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> PAE, SHERRY <b>STREET ADDRESS</b> 210 WHITE DOGWOOD DRIVE <b>CITY-ST-ZIP</b> ETTERS, PA 17319	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> BRANDT, BONNIE <b>STREET ADDRESS</b> 1109 SW 18TH COURT <b>CITY-ST-ZIP</b> FT. LAUDERDALE, FL 33315	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b> Laurie Keene <b>STREET ADDRESS</b> 146 W Main St. <b>CITY-ST-ZIP</b> Annville, PA 17003	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition (D)	
<b>TITLE</b> STD <b>NAME</b> LOWRY, TIMOTHY <b>STREET ADDRESS</b> 254 NOLAND DRIVE <b>CITY-ST-ZIP</b> HAMILTON, MT 59840	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment to this address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>Barbara A Brennan</u> <i>Barbara A Brennan</i> <u>7/7/04</u> <u>561-620-8767</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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