


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000009040</b> 1. Entity Name <b>THE HEALING CONNECTION INTERNATIONAL, INC.</b>		
Principal Place of Business <b>12803 KINGS LAKE DR GIBSONTON, FL 33534</b>	Mailing Address <b>PO BOX 385 GIBSONTON, FL 33534</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
<div style="display: flex; justify-content: space-between;"> <span>04192005 No Chg-NP</span> <span>CR2E037 (10/03)</span> </div>		
4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>ROSA-FRANKLIN, MIRIAM 12803 KINGS LAKE DR GIBSONTON, FL 33534</b>		<b>DO NOT WRITE IN THIS SPACE</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.		
SIGNATURE: <u>Miriam Rosa-Franklin</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE: <u>4/19/05</u>
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSA - FRANKLIN, MIRIAM 12803 KINGS LAKE DR GIBSONTON, FL 33534	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GONZALEZ, DESIREE 6609 N THATCHER AVE TAMPA, FL 33614	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMYZER, ROGER 250 SIESTA LANE LARGO, FL 33770	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 with an address with all other like empowered.		
SIGNATURE: <u>Miriam Rosa-Franklin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4/19/05</u> (10) 209-1053 <small>Daytime Phone #</small>



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04/22/05-80088-012 70.00