

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009040

FILED
Apr 27, 2006
Secretary of State

Entity Name: THE HEALING CONNECTION INTERNATIONAL, INC.

Current Principal Place of Business:

12803 KINGS LAKE DR
GIBSONTON, FL 33534

New Principal Place of Business:

14421 BALM BOYETTE ROAD
RIVERVIEW, FL 33569

Current Mailing Address:

PO BOX 385
GIBSONTON, FL 33534

New Mailing Address:

14421 BALM BOYETTE ROAD
RIVERVIEW, FL 33569

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSA-FRANKLIN, MIRIAM
12803 KINGS LAKE DR
GIBSONTON, FL 33534 US

Name and Address of New Registered Agent:

ROSA-FRANKLIN, MIRIAM
14421 BALM BOYETTE ROAD
RIVERVIEW, FL 33569 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: MIRIAM ROSA-FRANKLIN

04/27/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROSA - FRANKLIN, MIRIAM
Address: 12803 KINGS LAKE DR
City-St-Zip: GIBSONTON, FL 33534

Title: D () Delete
Name: GONZALEZ, DESIREE
Address: 6609 N THATCHER AVE
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: SMYZER, ROGER
Address: 250 SIESTA LANE
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ROSA - FRANKLIN, MIRIAM
Address: 14421 BALM BOYETTE ROAD
City-St-Zip: RIVERVIEW, FL 33569

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: MIRIAM ROSA-FRANKLIN

D

04/27/2006

Electronic Signature of Signing Officer or Director

Date