

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000276

FILED
Apr 30, 2007
Secretary of State

Entity Name: HEALING FOR FAMILIES, INC.

Current Principal Place of Business:

4516 SW 18TH STREET
HOLLYWOOD, FL 33023

New Principal Place of Business:

6278 N FEDERAL HWY #146
FORT LAUDERDALE, FL 33308

Current Mailing Address:

4516 SW 18TH STREET
HOLLYWOOD, FL 33023

New Mailing Address:

6278 N FEDERAL HWY #146
FORT LAUDERDALE, FL 33308

FEI Number: 55-0822211

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEXANDER, SEAN J
4516 SW 18TH STREET
HOLLYWOOD, FL 33023 US

Name and Address of New Registered Agent:

ALEXANDER, SEAN J
6278 N FEDERAL HWY #146
FORT LAUDERDALE, FL 33308 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: SEAN J. ALEXANDER, PH.D.

04/30/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CCEO () Delete
Name: ALEXANDER, SEAN J PHD
Address: 37 RETRIEVE COURT
City-St-Zip: RINEYVILLE, KY 40162 2

Title: VP () Delete
Name: ALEXANDER, DAWN M
Address: 37 RETRIEVE COURT
City-St-Zip: RINEYVILLE, KY 40162

Title: D () Delete
Name: RINGLING, JULIUS C
Address: 1750 N. 55TH AVENUE, APT 201
City-St-Zip: LAUDERHILL, FL 33133

Title: D (X) Delete
Name: TURNQUEST, BARBARA
Address: 4631 NW 31ST AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: D (X) Delete
Name: TURNQUEST, CHESTER
Address: 4631 NW 31ST AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CCEO (X) Change () Addition
Name: ALEXANDER, SEAN J PHD
Address: 6278 N FEDERAL HWY #146
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: VP (X) Change () Addition
Name: ALEXANDER, DAWN M
Address: 8701 WILES ROAD #16-103
City-St-Zip: CORAL SPRINGS, FL 33067

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: SEAN J. ALEXANDER, PH.D.

CCEO

04/30/2007

Electronic Signature of Signing Officer or Director

Date