

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000420

Entity Name: THE HEALING PATH, INC.

FILED
Feb 23, 2006
Secretary of State

Current Principal Place of Business:

719 LAKE DAVIS DRIVE
ORLANDO, FL 32806

New Principal Place of Business:

5330 NW 114 AVENUE
#104
DORAL, FL 33178

Current Mailing Address:

719 LAKE DAVIS DRIVE
ORLANDO, FL 32806

New Mailing Address:

5330 NW 114 AVENUE
#104
DORAL, FL 33178

FEI Number: 02-0668061

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALVAREZ, CATALINA
719 LAKE DAVIS DRIVE
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

ALVAREZ, CATALINA
5330 NW 114 AVENUE
#104
DORAL, FL, FL 33178 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:

02/23/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALVAREZ, CATALINA
Address: 719 LAKE DAVIS DRIVE
City-St-Zip: ORLANDO, FL 32806 US

Title: D () Delete
Name: DE LEON, GIOVANNA
Address: 719 LAKE DAVIS DRIVE
City-St-Zip: ORLANDO, FL 32806 US

Title: D () Delete
Name: LOPEZ, LAZARO J
Address: 719 LAKE DAVIS DRIVE
City-St-Zip: ORLANDO, FL 32806 US

Title: T (X) Delete
Name: MALUJE, MARIO
Address: 2707 CHILD STREET
City-St-Zip: OCOEE, FL 34761 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ALVAREZ, CATALINA
Address: 5330 NW 114 AVENUE #104
City-St-Zip: DORAL, FL 33178 US

Title: T (X) Change () Addition
Name: OTERO, MARIA
Address: 5330 NW 114 AVE #104
City-St-Zip: DORAL, FL 33178 US

Title: D (X) Change () Addition
Name: LOPEZ, LAZARO J
Address: 5330 NW 114 AVENUE # 104
City-St-Zip: DORAL, FL 33178 US

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: CATALINA ALVAREZ

D

02/23/2006

Electronic Signature of Signing Officer or Director

Date