2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006
Secretary of State

DOCUMENT# N03000002473

Entity Name: THE CENTER OF HEALING, INC.

Current Principal Place of Business:

13113 SE HOBE HILLS DR.
HOBE SOUND, FL 33455

New Principal Place of Business:

Current Mailing Address:

13113 SE HOBE HILLS DR.
HOBE SOUND, FL 33455

New Mailing Address:

FEI Number: 54-2109611 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, WENDY A
13113 SE HOBE HILLS DR
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: WILLIAMS, WENDY A
Address: 13113 SE HOBE HILLS DR.
City-St-Zip: HOBE SOUND, FL 33455

Title: D (X) Delete
Name: BOYER, ELAINE
Address: 961 N A1A
City-St-Zip: JUPITER, FL 33477

Title: D ( ) Delete
Name: MODELL, KAREN
Address: 300 WATERWAY DR. S., #104
City-St-Zip: LANTANA, FL 33462

Title: DV ( ) Delete
Name: BOYER, ELAINE
Address: 14 TROPICAL DR
City-St-Zip: OCEAN RIDGE, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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: WENDY A WILLIAMS PSD 04/24/2006

Electronic Signature of Signing Officer or Director — Date