2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006
Secretary of State

DOCUMENT# N04000001361

Entity Name: G.W.A.H. HEALING WAY INSTITUTE, INC.

Current Principal Place of Business:

2001 N HIATUS RD
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

2001 N HIATUS RD
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 42-1617617 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAPADIA, ELIZABETH
2001 N HIATUS RD
PEMBROKE PINES, FL 33026 US

Name and Address of New Registered Agent:

KAPADIA, D.N., ELIZABETH
2001 N HIATUS RD
PEMBROKE PINES, FL 33026 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: ELIZABETH KAPADIA, D.N. 01/30/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: KAPADIA, ELIZABETH
Address: % 2001 N HIATUS RD
City-St-Zip: PEMBROKE PINES, FL 33026

Title: V ( ) Delete
Name: KAPADIA, KARL
Address: % 2001 N HIATUS RD
City-St-Zip: PEMBROKE PINES, FL 33026

Title: V ( ) Delete
Name: MIRANDA, EVELYN
Address: % 2001 N HIATUS RD
City-St-Zip: PEMBROKE PINES, FL 33026

Title: S ( ) Delete
Name: STEWARD, RISA
Address: % 2001 N HIATUS RD
City-St-Zip: PEMBROKE PINES, FL 33026

Title: T ( ) Delete
Name: DESANTIS, KATHY
Address: 2421 NW 112 WAY
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D ( ) Delete
Name: LEMMON, CARMELA
Address: 2529 GARDEN CT
City-St-Zip: COOPER CITY, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: KAPADIA, D.N., ELIZABETH
Address: % 2001 N HIATUS RD
City-St-Zip: PEMBROKE PINES, FL 33026

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:

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: ELIZABETH KAPADIA, D.N. PRES 01/30/2006
Electronic Signature of Signing Officer or Director Date