2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N04000009090



1. Entity Nam RENEWE		NS TO HEAL, INC.)5-02-2005	5 90382 011 ****	70.00
2414-B CLEMONS RD 24			Mailing Address 2414-B CLEMONS RD TALLAHASSEE, FL 323	-				012190	nko ki ara
2. Principal Place of Business 3. Ma			3. Mailing Address	. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03132005 CI	ng-NP	CR2E037 (10/03)	
City & State			City & State	City & State		4. FEI Number 72 - 158	6324		pplied For ot Applicable
Zip		Country	Zip	Cou	intry	5. Certificate of St		\$8.75 Ad Fee Require	ditional ad
	6. Name	and Address of Current	Registered Agent		Name	7. Name and Add	ress of New F	Registered Agent	
HADLEY, SONYA F 2414-B CLEMONS RD TALLAHASSEE, FL 32303					Street Address (P.O. Box Number is Not Acceptable)				
!					City			FL Zip Coo	de
	named entit		or the purpose of changing Its	registere	ed office or registe	ered agent, or both, in	the State of Fi	orida. I am familiar with	, and accept
SIGNATURE Sonya F. Hadkey Treasurer Sonya & Hadkey 427-05 Signature, typed or printed name of registered agent and the # applicable. (NOTE: Registered Agent signature regarded when revisiting) OATE									
Filing Fee is \$61.25 9. Election Campaign F Due by May 1, 2005 Trust Fund Contribut									
						\$5.00 May Be Added to Fees		lake check payable rida Department of S	
10.	Due by N		Trust Fund (Ontributi	ion.	Added to Fees	Flor	rida Department of S	N 10
TITLE	Due by I	May 1, 2005 OFFICERS AND DI	Trust Fund (20ntributi 11.	ion.	Added to Fees	Flor	rida Department of S	State
	P SMITH, L	May 1, 2005 OFFICERS AND DI	Trust Fund (11. TITLE	ion.	Added to Fees	Flor	rida Department of S	N 10
TITLE NAME	P SMITH, L 914 TAM/	May 1, 2005 OFFICERS AND DII ARRY D	Trust Fund (11. TITLE NAME STREET	ion.	Added to Fees	Flor	rida Department of S	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P SMITH, L 914 TAM/ TALLAHA	OFFICERS AND DIE ARRY D ARACK AVE USSEE, FL 32303	Trust Fund (11. TITLE NAME STREE CITY	E E ET ADDRESSST-ZIP	Added to Fees	Flor	rida Department of S	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P SMITH, L 914 TAM, TALLAHA T HADLEY,	ARRY D ARACK AVE ASSEE, FL 32303	Trust Fund (RECTORS	11. TITLE NAM STRE CITY TITLE	E E ET ADDRESSST-ZIP	Added to Fees	Flor	rida Department of S	State N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P SMITH, L 914 TAM/ TALLAHA T HADLEY, 2414-B C	OFFICERS AND DIE ARRY D ARACK AVE USSEE, FL 32303	Trust Fund (RECTORS	11. THE NAMES STREET NAMES STRE	E E ET ADDRESSST-ZIP	Added to Fees	Flor	rida Department of S	State N 10 Addition
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indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE	SIGNATURE AND TY	ED OR PRINTED N	AME OF SIGNING OFFICER OR DIRECTOR	Deta	Daytime Phone #
CICNATURE	. 2	- D	Smith	4-20-05	. .