2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005
Secretary of State

DOCUMENT# N04000009099

Entity Name: SHOW ME TEACH ME HEAL ME FOUNDATION INC

Current Principal Place of Business:

3209 PORT SAINT LUCIE BLVD
#134
PORT ST LUCIE, FL 34953 US

New Principal Place of Business:

Current Mailing Address:

3209 PORT SAINT LUCIE BLVD
#134
PORT ST LUCIE, FL 34953 US

New Mailing Address:

FEI Number: 73-1715857 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DOLFIN, ACAYSHA REV
482 SW DEER RUN
PORT ST LUCIE, FL 34953 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:	CEO	( ) Delete
Name:	DOLFIN, ACAYSHA REV	
Address:	482 SW DEER RUN	
City-St-Zip:	PORT ST LUCIE, FL 34953 US	
Title:	CIO	( ) Delete
Name:	THRONE, LUCY	
Address:	871 HAWTHRONE STREET #A	
City-St-Zip:	MONTEREY, CA 93940 US	
Title:	VP	( ) Delete
Name:	MONROE, SUSAN	
Address:	5672 ROCK ISLAND ROAD #268	
City-St-Zip:	TAMARAC, FL 33319 US	
Title:	TREA	( ) Delete
Name:	HEALY, LORETTA	
Address:	644 WEST 5TH STREET # 1	
City-St-Zip:	SAN PEDRO, CA 90731 US	
Title:	SEC	( ) Delete
Name:	RUSSELL, SHERRY	
Address:	1830 SAND DOLLAR LANE	
City-St-Zip:	VERO BEACH, FL 32963 US	

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:	
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 Section 119.07(3)(i), 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: ACAYSHA DOLFIN CEO 05/04/2005

Electronic Signature of Signing Officer or Director — Date