2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2006
Secretary of State

DOCUMENT# N05000002510

Entity Name: WOUNDED HEALER FELLOWSHIP, INC.

Current Principal Place of Business:

1301 SW 102ND AVE
PEMBROKE PINES, FL 33025

New Principal Place of Business:

4350 W. HALLANDALE BEACH BLVD
4TH FLOOR
PEMBROKE PINES, FL 33025

Current Mailing Address:

1301 SW 102ND AVE
PEMBROKE PINES, FL 33025

New Mailing Address:

FEI Number: 20-2366168 **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:

RIOS, ELIZABETH
1301 SW 102ND AVE
PEMBROKE PINES, FL 33025 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: P ( ) Delete
Name: RIOS, HIRAM
Address: 1301 SW 102ND AVE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: V ( ) Delete
Name: RIOS, ELIZABETH
Address: 1301 SW 102ND AVE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: S ( ) Delete
Name: QUIROS, EDNA R
Address: 12941 NW 2ND STREET #210
City-St-Zip: PEMBROKE PINES, FL 33025

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:

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 D. RIOS VP 06/15/2006

Electronic Signature of Signing Officer or Director — Date