2006 NOT-FOR PROFIT CORPORATION **ANNUAL REPORT**

Aug 28, 2006 8:00 am Secretary of State DOCUMENT # N05000010469 08-28-2006 90008 001 ****61.25 08-28-2006 90008 002 *****8.75 HEALING FOUNDATION OF AMERICA, INC. Principal Place of Business Mailing Address 1201 HAYES ST. 1201 HAYES ST. TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 2. Principal Place of Business 3. Mailing Address 1005 E. Fargo St Suite, Apt. #, etc. Suite, Apt. #, etc. 08032006 Chg-NP CR2E037 (4/06) 4. FEI Number 65-1273366 City & State Applied For Broken Arrow, Oklahoma Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 74012 Tulsa Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY 1201 HAYES ST. Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32301 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE . Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by September 6, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TIST F ☐ Delete TITLE ■ Addition NAME HIGGINS, WILLIAM H NAME STREET ADDRESS 1005 E. FARGO ST, STREET ADDRESS CHY-ST-ZIP BROKEN ARROW, OK 74012 CITY-ST-7IP Delete ☐ Change ☐ Addition HIGGINS, TERESA T STREET ADDRESS 1005 E. FARGO ST. STREET ADDRESS CITY-ST-ZIP BROKEN ARROW, OK 74102 CITY-ST-ZIP TITLE ☐ Delete mr ☐ Channe Addition WILLIAMS, TIMOTHY R 12813 E. 71ST., LOT 34 STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP BROKEN ARROW, OK 74012 CITY-ST-ZIP TITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TILE ☐ Change Addition

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

STREET ADDRESS CITY-ST-ZIP

NAME

NAME

STREET ADDRESS

SIGNATURE: William	I Spagins	William H Higgins, President	8-12-06	918-355-8676
SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR			Date	Daytime Phone #

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ATTACHMENT C6023509 DOCUMENT # N05000010469 1. Entity Name HEALING FOUNDATION OF AMERICA, INC. Principal Place of Business Maifino Address 1201 HAYES ST. 1201 HAYES ST. TALLAHASSEE, FL. 32301 TALLAHASSEE, FL 32301 3. Mailing Address 2. Principal Place of Business 1005 E. Fargo St Suite, Apt. #, etc. Suite, Apt. #. etc. 08032006 Chg-NP CR2E037 (4/06) City & State Applied For Broken Arrow, Oklahoma 4. FEI Number 65-1273366 Not Applicable Zip Country Zρ Country \$8.75 Additional 5. Certificate of Status Desired 74012 Tulsa 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES ST. TALLAHASSEE, FL 32301 City Zip Code 8. 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agons and title if applicable. (NOTE: Registered Agent aigneture required when remetating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Added to Fees Make check payable to Trust Fund Contribution. Due by September 6, 2006 Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE Change HIGGINS, WILLIAM H NAME STREET ADDRESS 1005 E. FARGO ST. STREET ADDRESS CITY-57-29 BROKEN ARROW, OK 74012 CITY-ST-ZIP TITLE Denete TITLE ☐ Change ☐ Addition NAME HIGGINS, TERESA T WALE STREET ADDRESS 1005 E. FARGO ST. STREET ADDRESS BROKEN ARROW, OK 74102 CITY-ST-ZEP CITY-ST-7P TITLE Ociete TITLE ☐ Change ☐ Addition WILLIAMS, TIMOTHY R NAME 12813 E. 71ST., LOT 34 STREET ADDRESS STREET ADDRESS BROKEN ARROW, OK 74012 CITY-ST-ZIP CITY-ST-71P me Detete me ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CRIY-ST-ZW CITY-ST-ZIP TITLE Delete IIILE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Floride Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the company of one an attachment with an address, with all other like empowered.

William H Higgins, President 8-12-06

918-355-8676