

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 29, 2006  
Secretary of State

DOCUMENT# N05000011844

Entity Name: HEALING COMMUNITIES, INC.

## Current Principal Place of Business:

1320 ROCK SPRINGS DRIVE  
MELBOURNE, FL 32940

## New Principal Place of Business:

## Current Mailing Address:

1320 ROCK SPRINGS DRIVE  
MELBOURNE, FL 32940

## New Mailing Address:

P.O. BOX 411073  
MELBOURNE, FL 32941

FEI Number: 73-1706639

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ELDER, JEANNE C  
1320 ROCK SPRINGS DRIVE  
MELBOURNE, FL 32940 US

## Name and Address of New Registered Agent:

ELDER, JEANNE C MS.  
1320 ROCK SPRINGS DRIVE  
MELBOURNE, FL 32940 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: JEANNE C. ELDER

03/29/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SMITH, KEITH W  
Address: THE ENGINE 50 BACK STREET ASHWELL  
City-St-Zip: HERTS SG5 7AG UK,

Title: VP ( ) Delete  
Name: CLARK, THEODORE  
Address: 71 CLIFTON ROAD  
City-St-Zip: SHEFFORD BEDS SG17 5AG U.K.,

Title: TVP ( ) Delete  
Name: SNYDER, THOMAS J  
Address: 1320 ROCK SPRINGS DRIVE  
City-St-Zip: MELBOURNE, FL 32940

Title: S ( ) Delete  
Name: ELDER, JEANNE C  
Address: P.O. BOX 411073  
City-St-Zip: MELBOURNE, FL

Title: BM ( ) Delete  
Name: CLARK, ANGELA  
Address: 71 CLIFTON ROAD  
City-St-Zip: SHEFFORD BEDS SG17 5AG U.K.,

Title: BM ( ) Delete  
Name: MAYER, MANFRED  
Address: FRUHMESSWEINBERG 16 A  
City-St-Zip: D-76646 BRUCHASL GERMANY,

## 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:

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: JEANNE C. ELDER

MS.

03/29/2006

Electronic Signature of Signing Officer or Director

Date