

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000603

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: HEALED THROUGH HIS HURTS, INC.

**Current Principal Place of Business:**

15211 NW 32ND PLACE  
MIAMI, FL 33054

**New Principal Place of Business:**

15211 NW 32ND PLACE  
MIAMI, FL 33054 US

**Current Mailing Address:**

15211 NW 32ND PLACE  
MIAMI, FL 33054

**New Mailing Address:**

15211 NW 32ND PLACE  
MIAMI, FL 33054 US

FEI Number: 74-3155700

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WEST, DEBORA D  
15211 NW 32ND PLACE  
MIAMI, FL 33054 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: PC ( ) Delete  
Name: WEST, DEBORA D  
Address: 15211 NW 32ND PLACE  
City-St-Zip: MIAMI, FL 33054

Title: VTD ( ) Delete  
Name: DARVILLE, CATHERINE  
Address: 2226 GREENE STREET  
City-St-Zip: HOLLYWOOD, FL 33020

Title: SD ( ) Delete  
Name: HOLCOMB, CYNTHIA  
Address: 6329 NW 175TH TERR  
City-St-Zip: HIALEAH, FL 33015

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: HOLCOMB, CYNTHIA  
Address: 18115 PALM BEACH DRIVE  
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify 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: DEBORA D. WEST

P

04/26/2007

Electronic Signature of Signing Officer or Director

Date