

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000603

FILED
Apr 13, 2009
Secretary of State

Entity Name: HEALED THROUGH HIS HURTS, INC.

Current Principal Place of Business:

15211 NW 32ND PLACE
MIAMI, FL 33054 US

New Principal Place of Business:

Current Mailing Address:

15211 NW 32ND PLACE
MIAMI, FL 33054 US

New Mailing Address:

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: HOLLAND, JACKQULYN
Address: 2285 NW 162ND TERRACE
City-St-Zip: PEMBROKE PINES, FL 33028

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 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

PC

04/13/2009

Electronic Signature of Signing Officer or Director

Date