## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000004539

FILED Apr 27, 2008 Secretary of State

Entity Na	me: SOJOUR	NERS WITH HEALING HEAF	RTS, INC.		
Current Principal Place of Business:			New Principal Place	of Business:	
	RBERRY DRIV TON, FL 3341				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	RBERRY DRIV TON, FL 3341				
FEI Number	: 20-3084339	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
1130 EAS	ГТ, ANGIE T MOUNTAIN [ LM BEACH, FL				
	named entity s e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI	RE:				
Electronic Signature of Registered Agent			jent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CEO () LOFTON, LISA 13605 BARBER WELLINGTON,		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	LONG, LINDA 4212 HEATH CI	Delete RCLE SOUTH EACH, FL 33407	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	BRINSON, DEID 104 RIVERA AV		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: LISA LOFTON CEO 04/27/2008