2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N08000001342

Entity Name: THE HEALING HOUSE, INCORPORATED

Current Principal Place of Business:

1025 S. SEMORAN BLVD., STE. 1093
LAKE VIEW OFFICE PARK
WINTER PARK, FL 32792

New Principal Place of Business:

LAKE VIEW OFFICE PARK
1025 S SEMORAN BLVD, STE. 1025
WINTER PARK, FL 32792

Current Mailing Address:

1025 S. SEMORAN BLVD., STE. 1093
LAKE VIEW OFFICE PARK
WINTER PARK, FL 32792

New Mailing Address:

LAKE VIEW OFFICE PARK
1025 S SEMORAN BLVD, STE. 1025
WINTER PARK, FL 32792

FEI Number: 26-2041638 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AUSTIN, TAMMY
1025 S. SEMORAN BLVD., STE. 1093
LAKE VIEW OFFICE PARK
WINTER PARK, FL 32792 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: P ( ) Delete
Name: AUSTIN, TAMMY
Address: 1025 S. SEMORAN BLVD., STE. 1093
City-St-Zip: WINTER PARK, FL 32792

Title: O ( ) Delete
Name: AUSTIN, M. ANDRE
Address: 1025 S. SEMORAN BLVD., STE. 1093
City-St-Zip: WINTER PARK, FL 32792

Title: O ( ) Delete
Name: DUNEM, GLORIA
Address: 1025 S. SEMORAN BLVD., STE. 1093
City-St-Zip: WINTER PARK, FL 32792

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: TAMMY AUSTIN PRES 04/22/2009
Electronic Signature of Signing Officer or Director — Date