2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2011
Secretary of State

DOCUMENT# N10000005346

Entity Name: GIFTS OF HEALING INC.

Current Principal Place of Business:

520 NE 20TH ST APT 812
WILTON MANORS, FL 33305

New Principal Place of Business:

520 NE 20TH ST
812
WILTON MANORS, FL 33305

Current Mailing Address:

520 NE 20TH ST APT 812
WILTON MANORS, FL 33305

New Mailing Address:

520 NE 20TH ST
812
WILTON MANORS, FL 33305

FEI Number: 27-2778506 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD SUITE A
TAMPA, FL 33612 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
Name: SMITH, MICHAEL A
Address: 520 NE 20TH ST APT 812
City-St-Zip: WILTON MANORS, FL 33305

Title: S
Name: MAYFIELD, DEBORAH
Address: 520 NE 20TH ST APT 812
City-St-Zip: WILTON MANORS, FL 33305

Title: T
Name: BOYCE, JOHN
Address: 520 NE 20TH ST APT 812
City-St-Zip: WILTON MANORS, FL 33305

Title: VP
Name: MOORE, CRYSTAL
Address: 520 NE 20TH ST APT 812
City-St-Zip: WILTON MANORS, FL 33305

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL A. SMITH P 04/19/2011

Electronic Signature of Signing Officer or Director — Date