2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005
Secretary of State

DOCUMENT# N30667

Entity Name: HEALING FOR THE NATIONS, INC.

Current Principal Place of Business:

1250 SW 26TH AVE.
BOYNTON BEACH, FL 33426 US

New Principal Place of Business:

Current Mailing Address:

1250 SW 26TH AVE.
BOYNTON BEACH, FL 33426 US

New Mailing Address:

FEI Number: 65-0105618 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CERICOLA, ALEXANDER P.
1250 SOUTHWEST 26TH AVENUE
BOYNTON BEACH, FL 33426 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: PD ( ) Delete
Name: CERICOLA, ALEXANDER, P.
Address: 1250 SW 26TH AVENUE
City-St-Zip: BOYNTON BEACH, FL

Title: VD ( ) Delete
Name: TALONE, SANTO, JR.,
Address: 5184 EAST MAIN ST. RD.
City-St-Zip: BATAVIA, NY

Title: D ( ) Delete
Name: ROZANSKI, HELENE,
Address: 186 NORTH MAIN STREET
City-St-Zip: PERRY, NY 14530

Title: ST ( ) Delete
Name: CERICOLA, ANTOINETTE,
Address: 1250 S.W. 26TH AVENUE
City-St-Zip: BOYNTON BEACH, FL

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:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALEXANDER P. CERICOLA PRES 03/29/2005

Electronic Signature of Signing Officer or Director — Date