ANNUAL REPORT **DOCUMENT # N97000005337** 1. Entity Name WOUNDED HEALERS INC. Principal Place of Business Mailing Address

FILED Jan 20, 2005 08:00 AM Secretary of State

ST JOHNS AME CHURCH 6461 SW 59TH PLACE

S MIAMI, FL 33143

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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01132005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0789131

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

GAY, SR., REV. GREGORY V 6461 SW 59TH PLACE MIAMI, FL 33143

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8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURESignature, type® or printed marne offe gained agent and title if applicable. (NOTE: Registered Agent signature required when refristating) DATE					
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Finance Trust Fund Contribution.	cing \$5.00 May Be Added to Fees		
10.	OFFICERS AND DIF	RECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAST GAY, SR., GREGORY V 6461 SW 59TH PLACE S MIAMI, FL 33143			00000185890 01/21/05-80033-02	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, LEE 6461 SW 59TH PLACE S MIAMI, FL 33143			013 UII.003.0040999	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASMERE, DARELENE 6461 SW 59TH PLACE S MIAMI, FL 33143		DO	NOT WRITE	able 566
TITLE NAME STREET ADDRESS CITY-ST-ZIP			######################################	THIS SPACE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			energe er er er er gifte i er er		
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receivor or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					