2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N97000005969

Entity Name: NEW JERUSALEM HEALING CENTER, INC.

Current Principal Place of Business:

1103 HEMLOCK CIRCLE
FORT PIERCE, FL 34947 US

New Principal Place of Business:

Current Mailing Address:

1103 HEMLOCK CIRCLE
FORT PIERCE, FL 34947 US

New Mailing Address:

FEI Number: 80-0111214 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, MILDRED A
1103 HEMLOCK CIRCLE
FORT PIERCE, FL 34947 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: DP ( ) Delete
Name: SMITH, MILDRED A
Address: 1103 HEMLOCK CIRCLE
City-St-Zip: FORT PIERCE, FL 34947

Title: D ( ) Delete
Name: BROWN, CLYDE
Address: 1103 HEMLOCK CIRCLE
City-St-Zip: FORT PIERCE, FL 34947

Title: D ( ) Delete
Name: QUISTIAN, ANGELIA
Address: 1124 AVENUE K
City-St-Zip: FORT PIERCE, FL 34950

Title: S ( ) Delete
Name: WALKER, KESCHA
Address: 1103 HEMLOCK CIRCLE
City-St-Zip: FORT PIERCE, FL 34947

Title: T ( ) Delete
Name: HARRIOTT, LETISHIA
Address: 1103 HEMLOCK CIRCLE
City-St-Zip: FORT PIERCE, FL 34947

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:

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: MILDRED ARLENE SMITH DP 04/30/2007

Electronic Signature of Signing Officer or Director — Date