2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# N98000004312

Entity Name: A NEW CONCEPT OF HEALING INSTITUTE, INC.

Current Principal Place of Business:

1300 LINCOLN RD, SUITE C1B
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

PO BOX 398072
MIAMI BEACH, FL 332398072

New Mailing Address:

FEI Number: 65-0854444 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ACOSTA, JESUS
1300 LINCOLN RD, SUITE C1B
MIAMI BEACH, FL 33139 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: ACOSTA, JESUS
Address: 1300 LINCOLN RD, SUITE C1B
City-St-Zip: MIAMI BEACH, FL 33139

Title: VD ( ) Delete
Name: ACOSTA, ANTHONY
Address: 1300 LINCOLN RD, SUITE C1B
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: JESUS ACOSTA PD 04/27/2006

Electronic Signature of Signing Officer or Director — Date