2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006478

FILED Apr 26, 2006 Secretary of State

Entity Name: HYPNOSIS EDUCATION ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

36181 EAST LAKE ROAD, #221 PALM HARBOR, FL 34685

Current Mailing Address: New Mailing Address:

36181 EAST LAKE ROAD, #221 PALM HARBOR, FL 34685

FEI Number: 59-3544078 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCOTT, PATRICIA V 36181 EAST LAKE ROAD, #221 PALM HARBOR, FL 34685 US

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:

- Flateria Circulus (Basistand Assat

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 O
 (X) Change () Addition

 Name:
 TODD, WALTER N
 Name:
 SUMMERS, DENNIS

 Address:
 7626 CLEMENTINE WAY
 Address:
 2405 E. HWY. 60, LOT 56

 City-St-Zip:
 ORLANDO, FL 32819
 City-St-Zip:
 BARTOW, FL 33830

Title: D () Delete Title: O (X) Change () Addition

 Name:
 YAWMAN, EARL J
 Name:
 EDWARDS, DAVE

 Address:
 9737 FAIRWAY CIRCLE
 Address:
 15 KEY WEST COURT

 City-St-Zip:
 LEESBURG, FL 34788
 City-St-Zip:
 LEESBURG, FL 34788

Title: DP () Delete Title: O (X) Change () Addition

 Name:
 SUMMERS, DENNIS
 Name:
 GROVES, LYNN

 Address:
 2583 HELMS ROAD
 Address:
 7212 CYPRESS COVE ROAD

Address: 2983 HELMS ROAD Address: 7212 CYPRESS COVE ROAD City-St-Zip: WINTER HAVEN, FL 33884 City-St-Zip: JACKSONVILLE, FL 32244

Title: () Delete Title: O () Change (X) Addition

 Name:
 Name:
 SCOTT, PATRICIA V

 Address:
 Address:
 36181 EAST LAKE RD. #221

 City-St-Zip:
 City-St-Zip:
 PALM HARBOR, FL 34685

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: PATRICIA V. SCOTT O 04/26/2006