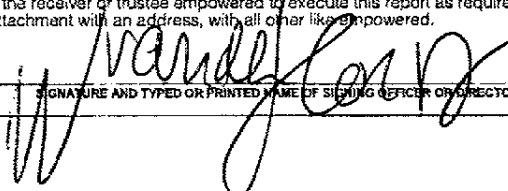


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 12, 2007 08:00 AM
Secretary of State**

DOCUMENT # P00000078051		
1. Entity Name HEALING THE GENERATIONS, INC.		
Principal Place of Business 14141 46TH ST N SUITE 1202 CLEARWATER, FL 33762	Mailing Address 2033 LONGBRANCH LN CLEARWATER, FL 33760	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SHURDEN, WALTER B 611 DRUID RD E, STE 512 CLEARWATER, FL		DO NOT WRITE IN THIS SPACE
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. SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reelecting) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVT VANDERHORST, WOUTER 2033 LONGBRANCH LN CLEARWATER, FL 33760	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DPS VERDEBOUT, NADINE 2033 LONGBRANCH LN CLEARWATER, FL 33760	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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.		
SIGNATURE:  V.P.		Date: 1/4/7 722-535 Daytime Phone #: 6746



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3664947	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

1100000585605
01/16/07-80019-010 150.00

**DO NOT WRITE
IN THIS SPACE**