2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# P02000110620

Entity Name: HEALING HOOVES PSYCHOTHERAPY, INC.

Current Principal Place of Business:

3500 PEACEFUL RIDGE RD
DAVIE, FL 33330

New Principal Place of Business:

Current Mailing Address:

3500 PEACEFUL RIDGE RD
DAVIE, FL 33330

New Mailing Address:

FEI Number: 03-0488707 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JENNINGS, TERRI
3500 PEACEFUL RIDGE RD
DAVIE, FL 33330 US

Name and Address of New Registered Agent:

JENNINGS, TERRI E PH.D.
3500 PEACEFUL RIDGE RD
DAVIE, FL 33330 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: TERRI E. JENNINGS, PH.D. 04/26/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR ( ) Delete
Name: JENNINGS, TERRI
Address: 3500 PEACEFUL RIDGE RD
City-St-Zip: DAVIE, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: JENNINGS, TERRI E
Address: 3500 PEACEFUL RIDGE RD
City-St-Zip: DAVIE, FL 33330

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRI E. JENNINGS DR. 04/26/2007
Electronic Signature of Signing Officer or Director Date