

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000113933

FILED
Jan 05, 2006
Secretary of State

Entity Name: ALTERNATIVE HEALING HEALTH ASSOCIATES,INC.

Current Principal Place of Business:

880 NORTH BARBER HILL ROAD
LAMONT, FL 32336 US

New Principal Place of Business:

Current Mailing Address:

880 NORTH BARBER HILL ROAD
LAMONT, FL 32336 US

New Mailing Address:

FEI Number: 04-3718685

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROCHFORDN, LISA S
880 NORTH BARBER HILL ROAD
LAMONT, FL 32336 US

Name and Address of New Registered Agent:

ROCHFORD, LISA S
880 NORTH BARBER HILL ROAD
LAMONT, FL 32336 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: LISA S ROCHFORD

01/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROCHFORD, LISA S
Address: 880 NORTH BARBER HILL ROAD
City-St-Zip: LAMONT, FL 32336 US

Title: VPD () Delete
Name: ROCHFORD, TIMOTHY
Address: 880 NORTH BARBER HILL ROAD
City-St-Zip: LAMONT, FL 32336 US

Title: AVP () Delete
Name: MIDDLETON, LAUREN R
Address: 880 NORTH BARBER HILL ROAD
City-St-Zip: LAMONT, FL 32336 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AVP (X) Change () Addition
Name: (MIDDLETON)-RADLEY, LAUREN R
Address: 880 NORTH BARBER HILL ROAD
City-St-Zip: LAMONT, FL 32336 US

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

SIGNATURE: LISA S ROCHFORD

P

01/05/2006

Electronic Signature of Signing Officer or Director

Date