

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000046989

**FILED**  
**Apr 20, 2009**  
**Secretary of State**

**Entity Name:** COMPASSIONATE HEALING, INC.

**Current Principal Place of Business:**

1215 CREEK BOTTOM CIRCLE  
ORLANDO, FL 32825

**New Principal Place of Business:**

4516 BAR HARBOR DRIVE  
ORLANDO, FL 32821

**Current Mailing Address:**

1215 CREEK BOTTOM CIRCLE  
ORLANDO, FL 32825

**New Mailing Address:**

4516 BAR HARBOR DRIVE  
ORLANDO, FL 32821

FEI Number: 06-1692460

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STEEN, EVA M  
1215 CREEK BOTTOM CIRCLE  
ORLANDO, FL 32825 US

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

STEEN, EVA M  
4516 BAR HARBOR DRIVE  
ORLANDO, FL 32821 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: EVA M. STEEN

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: MS. ( ) Delete  
Name: STEEN, EVA M OWNER  
Address: 1215 CREEKBOTTOM CIRCLE  
City-St-Zip: ORLANDO, FL 32825

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MS. (X) Change ( ) Addition  
Name: STEEN, EVA M OWNER  
Address: 4516 BAR HARBOR DRIVE  
City-St-Zip: ORLANDO, FL 32821

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: EVA M STEEN

MRS

04/20/2009

Electronic Signature of Signing Officer or Director

Date