2006 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Feb 01, 2006 08:00 AN DOCUMENT # P03000133504 1. Entity Name **Secretary of State** POMPANO BEACH HEALING CENTER, INC. Principal Place of Business Mailing Address 3766 NE 3RD AVENUE 3766 NE 3RD AVENUE POMPANO BEACH, FL 33064 POMPANO BEACH, FL 33064 CR2E034 (11/05) 01242006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0377040 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PROCHETTE, MANOUCHKA DO NOT WRITE 3766 NE 3RD AVENUE POMPANO BEACH, FL 33064 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. 1 am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 1.10000004145PMF U2/11/06-80040-007 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PROCHETTE, MANOUCHKA NAME 3766 NE 3RD AVENUE STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33064 NAME STREET ADDRESS CITY-ST-ZIP RITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

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 a later like empowered. changed, or on an attachment

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

MANOUCHKA