

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000044579

FILED
Apr 27, 2006
Secretary of State

Entity Name: THE PHOENIX CENTER FOR HEALING, P.A.

Current Principal Place of Business:

11060 SW 88 STREET
SUITE 7
MIAMI, FL 33176

New Principal Place of Business:

14875 SW 238 ST
HOMESTEAD, FL 33032

Current Mailing Address:

8573 SW 115 COURT
MIAMI, FL 33173

New Mailing Address:

14875 SW 238 ST
HOMESTEAD, FL 33032

FEI Number: 02-0718389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAFNER, BOB
8573 SW 115TH COURT
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

HAFNER, BOB RA
14875 SW 238 ST
HOMESTEAD, FL 33032 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: BOB HAFNER

04/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: REYES, AIDA E
Address: 8573 SW 115 COURT
City-St-Zip: MIAMI, FL 33173

Title: VD (X) Delete
Name: HAFNER, BOB
Address: 8573 SW 115TH COURT
City-St-Zip: MIAMI, FL 33173

Title: TREA (X) Delete
Name: REYES, AIDA
Address: 8573 SW 115 COURT
City-St-Zip: MIAMI, FL 33173

Title: SECR (X) Delete
Name: HAFNER, BOB
Address: 8573 SW 115 COURT
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: REYES, AIDA E PRES
Address: 14875 SW 238 ST
City-St-Zip: HOMESTEAD, FL 33032

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

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

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

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: BOB HAFNER

RA

04/27/2006

Electronic Signature of Signing Officer or Director

Date