2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005
Secretary of State

DOCUMENT# P04000135437

Entity Name: AMERICAN INSTITUTE OF NATURAL HEALING, INC.

Current Principal Place of Business:

70 EAST 56TH ST.
HIALEAH, FL 33013

New Principal Place of Business:

Current Mailing Address:

70 EAST 56TH ST.
HIALEAH, FL 33013

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CUBILLA, CELESTINO
9440 SW 8TH ST., NO. 411
BOCA RATON, FL 33428 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: PARAZZI, MAURO
Address: VIA BORGO PALA 22036
City-St-Zip: 24100 BERGAMO, ITALY,

Title: D ( ) Delete
Name: ORDONEZ, HERLINDA
Address: 70 EAST 56TH ST.
City-St-Zip: HIALEAH, FL 33013

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Section 119.07(3)(i), 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: MAURO PARAZZI P 04/08/2005

Electronic Signature of Signing Officer or Director — Date