

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000136845

FILED
Apr 14, 2005
Secretary of State

Entity Name: HEALING ALTERNATIVES, INC.

Current Principal Place of Business:

3060 E. SEMORAN BLVD.
108
APOPKA, FL 32703 US

New Principal Place of Business:

683 DOUGLAS AVENUE
#101
ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address:

100 WEST YORK CT.
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 65-1234647 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSTON, DONNA M
100 WEST YORK CT.
LONGWOOD, FL 32779 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: P () Delete
Name: JOHNSTON, DONNA M
Address: 100 WEST YORK CT.
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DONNA M. JOHNSTON

PRES

04/14/2005

Electronic Signature of Signing Officer or Director

_____ Date