



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P07000058449</b> 1. Entity Name <b>HEALING GRACE WELLNESS CENTER, INC.</b>					
Principal Place of Business <b>1245 39TH AVENUE</b> <b>VERO BEACH, FL 32960 US</b>				Mailing Address <b>1245 39TH AVENUE</b> <b>VERO BEACH, FL 32960 US</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		FILED 08 SEP 16 PM 4: 08 JUDICIAL STATE ALABAMA, FLORIDA 	
4. FEI Number <b>260216559</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				06102008 Chg-P CR2E034 (12/06) <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>FOOTMAN, SHIRLEY ANN L</b> <b>1245 39TH AVENUE</b> <b>VERO BEACH, FL 32960</b> <i>Remain 100% Owner</i>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>LAWRENCE, JOHN M</b> <b>1245 39TH AVENUE</b> <b>VERO BEACH, FL 32960</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Administrator</b> <b>President &amp; CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>FOOTMAN, SHIRLEY ANN L</b> <b>1245 39TH AVENUE</b> <b>VERO BEACH, FL 32960</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>300136245043</b> <b>09/23/08--01008--004</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Mg/16</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: *Shirley Ann L. Footman* Sept 17, 08 3055278445  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
*SHIRLEY ANN L. FOOTMAN*