

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000073740

FILED
Jan 31, 2008
Secretary of State

Entity Name: INTEGRATIVE HEALING STRATEGIES, INC.

Current Principal Place of Business:

900 E. OCEAN BLVD.
SUITE D-232
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

900 E. OCEAN BLVD.
SUITE D-232
STUART, FL 34994

New Mailing Address:

FEI Number: 26-0482149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, WENDY A.
13113 SE HOBE HILLS DR.
HOBE SOUND, FL 33455 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: PT () Delete
Name: DEMPSEY, PAMELA J.
Address: 3100 N. A1A, PHB 3
City-St-Zip: FT. PIERCE, FL 34949

Title: VS () Delete
Name: WILLIAMS, WENDY A.
Address: 13113 SE HOBE HILLS DR.
City-St-Zip: HOBE SOUND, FL 33455

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 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: PAMELA J. DEMPSEY

PRES

01/31/2008

Electronic Signature of Signing Officer or Director

Date