

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000005482

**FILED**  
**Feb 24, 2012**  
**Secretary of State**

**Entity Name:** THE ALOE MAN'S HEALING NATION, INC.

**Current Principal Place of Business:**

18800 NW 2ND AVENUE  
104  
MIAMI, FL 33169

**New Principal Place of Business:**

3030 CAMPBELLTON ROAD  
SUITE D RM 104  
ATLANTA, GA 30311

**Current Mailing Address:**

3030 CAMPBELLTON ROAD SW  
3  
ATLANTA, GA 30311

**New Mailing Address:**

3030 CAMPBELLTON ROAD  
SUITE D RM 104  
ATLANTA, GA 30311

**FEI Number:** 26-1778168

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JOHNSON, JOHNNY L  
18800 NW 2ND AVENUE  
104  
MIAMI, FL 33169 US

**Name and Address of New Registered Agent:**

JOHNSON, JOHNNY L  
18800 N.W. 2ND AVE.  
SUITE 102  
MIAMI, FL 33169 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:

02/24/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: JOHNSON, JOHNNY L  
Address: 3030 CAMPBELLTON ROAD  
City-St-Zip: ATLANTA, GA 30311

Title: DP  
Name: JOHNSON, JOHNNY L  
Address: 3030 CAMPBELLTON ROAD  
City-St-Zip: ATLANTA, GA 30311

Title: DST  
Name: JOHNSON, PAULETTE  
Address: 3030 CAMPBELLTON ROAD  
City-St-Zip: ATLANTA, GA 30311

I hereby 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 all other like empowered.

SIGNATURE: PAULETTE JOHNSON

SEC.

02/24/2012

Electronic Signature of Signing Officer or Director

Date