## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000087379

Entity Name: THE CENTER FOR INTEGRATED HEALING, INC.

FILED May 01, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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631 NORTH HYER AVENUE ORLANDO, FL 32803

Current Mailing Address: New Mailing Address:

P.O. BOX 520338 LONGWOOD, FL 32752

FEI Number: 59-3475870 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

EDEY, LORRAINE
522 SAND WEDGE LOOP
APOPKA, FL 32712 US
EDEY, LORRAINE
631 N. HYER AVENUE
ORLANDO, FL 32803 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: LORRAINE EDEY 05/01/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 EDEY, LORRAINE
 Name:

 Address:
 631 NORTH HYER AVENUE
 Address:

 City-St-Zip:
 ORLANDO, FL 32803
 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: LORRAINE EDEY DIR 05/01/2004