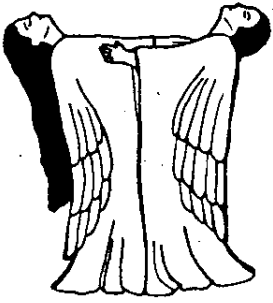


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90077 002 ***150.00

DOCUMENT # P97000087379 1. Entity Name THE CENTER FOR INTEGRATED HEALING, INC.																																																																																							
Principal Place of Business 631 NORTH HYER AVENUE ORLANDO, FL 32803		Mailing Address P.O. BOX 520338 LONGWOOD, FL 32752																																																																																					
2. Principal Place of Business 1745 TRIMBLE ROAD Suite, Apt. #, etc.		3. Mailing Address PO Box 560 483 Suite, Apt. #, etc.																																																																																					
City & State MELBOURNE, FL		City & State ROCKLEDGE, FL																																																																																					
Zip 32934		Zip 32956-0483																																																																																					
Country BREVARD		Country BREVARD																																																																																					
4. FEI Number 59-3475870		Applied For <input type="checkbox"/> Not Applicable																																																																																					
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																					
6. Name and Address of Current Registered Agent EDEY, LORRAINE 631 N. HYER AVENUE ORLANDO, FL 32803		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 <u><i>Lorraine Edey</i></u> 7/6/05 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																							
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">P EDEY, LORRAINE <input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>EDEY, LORRAINE</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>631 NORTH HYER AVENUE</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32803</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Delete</td> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Delete</td> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Delete</td> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Delete</td> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	P EDEY, LORRAINE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	EDEY, LORRAINE	NAME		STREET ADDRESS	631 NORTH HYER AVENUE	STREET ADDRESS		CITY-ST-ZIP	ORLANDO, FL 32803	CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Lorraine Edey</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		7/6/05 321-288-0692 <small>Date Daytime Phone #</small>																																																																																					



ATTACHMENT

20063603

Lorraine Edey, A.C.S.W., L.C.S.W.

The Center for Integrated Healing, Inc. ★

PO BOX 560483

ROCKLEDGE, FLORIDA 32956-0483

321-288-0692 - Office Number

321-633-5503 - Fax Number

EIN#59-3475870

July 9, 2005

RE: P97000087379 Document

Please be advised that my address has been changed for over one year now, therefore I received my mail months later then I would usually. It is for that reason I did not pay the 2005 fee due in May.

Enclosed is my check for \$150.00 in the hopes that you will accept this payment and update my records.

I thank you in advance.

Sincerely yours,

Lorraine Edey LCSW, PhD

Lorraine Edey, LCSW, PhD