

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000087379

FILED
Feb 03, 2006
Secretary of State

Entity Name: THE CENTER FOR INTEGRATED HEALING, INC.

Current Principal Place of Business:

1745 TRIMBLE ROAD
MELBOURNE, FL 32934

New Principal Place of Business:

PO BOX 560483
ROCKLEDGE, FL 32956

Current Mailing Address:

P.O. BOX 560483
ROCKLEDGE, FL 329560483

New Mailing Address:

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

Name and Address of Current Registered Agent:

EDEY, LORRAINE
631 N. HYER AVENUE
ORLANDO, FL 32803 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: P () Delete
Name: EDEY, LORRAINE
Address: 631 NORTH HYER AVENUE
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: EDEY, LORRAINE
Address: PO BOX 560483
City-St-Zip: ROCKLEDGE, FL 32956

I hereby certify that the information supplied with this filing does not qualify for the 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: LORRAINE EDEY

P

02/03/2006

Electronic Signature of Signing Officer or Director

Date