2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2007
Secretary of State

DOCUMENT# P97000087379

Entity Name: THE CENTER FOR INTEGRATED HEALING, INC.

Current Principal Place of Business:

PO BOX 560483
ROCKLEDGE, FL 32956

New Principal Place of Business:

631 N. HYER AVE
ORLANDO, FL 32803

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 (X)**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LORRAINE EDEY DR. 05/24/2007

Electronic Signature of Signing Officer or Director Date