

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000094765

FILED
Apr 26, 2006
Secretary of State

Entity Name: ESSENTIAL HEALING THERAPY, INC.

Current Principal Place of Business:

1281 OLD DIXIE HIGHWAY
VERO BEACH, FL 32960

New Principal Place of Business:

760 17TH AVENUE
VERO BEACH, FL 32962

Current Mailing Address:

C/O ESSENTIAL HEALING THERAPY, INC.
P.O. BOX 6479
VERO BEACH, FL 32961

New Mailing Address:

C/O ESSENTIAL HEALING THERAPY, INC.
760 17TH AVENUE
VERO BEACH, FL 32962

FEI Number: 65-0876984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONAGHAN, EDIE S PRES.
760 17TH AVENUE
VERO BEACH, FL 32962 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: PD () Delete
Name: MONAGHAN, EDIE S PRES.
Address: 760 17TH AVENUE
City-St-Zip: VERO BEACH, FL 32962

Title: D () Delete
Name: MONAGHAN, PATRICK H
Address: 760 17TH AVENUE
City-St-Zip: VERO BEACH, FL 32962

Title: T () Delete
Name: SARVER, TOM
Address: 5044 SUNSET WAY
City-St-Zip: HERMINGTON, TN 66062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: SARVER, TOM
Address: 5044 SUNSET WAY
City-St-Zip: HERMITAGE, TN 37076

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: EDIE S. MONAGHAN

PRES

04/26/2006

Electronic Signature of Signing Officer or Director

Date