

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90233 029 ****70.00

DOCUMENT # N05000003588

1. Entity Name
 THE FOUNDATION FOR WHOLENESS, INC.



Principal Place of Business
 3731 NW 9TH AVE SUITE 4
 POMPANO BEACH, FL 33064

Mailing Address
 3731 NW 9TH AVE SUITE 4
 POMPANO BEACH, FL 33064

50016996



2. Principal Place of Business
 500 SE 17th Street
 Suite, Apt. #, etc.
 Suite 220

3. Mailing Address
 500 SE 17th Street
 Suite, Apt. #, etc.
 Suite 220

04202006 Chg-NP CR2E037 (11/05)

City & State
 Fort Lauderdale, FL
 Zip
 33316
 Country
 USA

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 33316
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4. FEI Number
 20-2514139
 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GIRNUM, ALLAN
 3731 NW 9TH AVE SUITE 4
 POMPANO BEACH, FL 33064

7. Name and Address of New Registered Agent
 Name
 Eric Yankwitt
 Street Address (P.O. Box Number is Not Acceptable)
 500 SE 17th Street - Suite 220
 City
 Fort Lauderdale FL Zip Code
 33316

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P Delete
 NAME LHERISSON-LUKE, REGINE
 STREET ADDRESS 3731 NW 9TH AVE SUITE 4
 CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE V Delete
 NAME KAMSTRA, RENE
 STREET ADDRESS 3731 NW 9TH AVE SUITE 4
 CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE Change Addition
 NAME Dr John Banks
 STREET ADDRESS 500 SE 17th Street - Ste 220
 CITY-ST-ZIP Fort Lauderdale, FL 33316

TITLE S Delete
 NAME JEAN-LOUIS, ANNE-MARIE
 STREET ADDRESS 3731 NW 9TH AVE SUITE 4
 CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE Change Addition
 NAME Daniel T. Harn, Esq.
 STREET ADDRESS 500 SE 17th Street - Ste 220
 CITY-ST-ZIP Fort Lauderdale, FL 33316

TITLE T Delete
 NAME DEL GAVIO, TONY
 STREET ADDRESS 3731 NW 9TH AVE SUITE 4
 CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE Change Addition
 NAME Peter Savitz
 STREET ADDRESS 500 SE 17th St. - Ste 220
 CITY-ST-ZIP Fort Lauderdale, FL 33316

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, 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: Regine Lherisson-Luke - President and founder 4/21/06 866-393-6663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #