

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000084790

FILED
Feb 08, 2005
Secretary of State

Entity Name: HEALTH AND WELLNESS INTERNATIONAL INC.

Current Principal Place of Business:

C/O BARRY STURNER
720 S. DEARBORN 904
CHICAGO, IL 60605

New Principal Place of Business:

Current Mailing Address:

C/O BARRY STURNER
720 S. DEARBORN 904
CHICAGO, IL 60605

New Mailing Address:

FEI Number: 36-4393204 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLATT, DARLENE
2225 SW 15TH ST., APT. #225
DEERFIELD BEACH, FL 33442 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: STURNER, BARRY
Address: 720 S. DEARBORN 904
City-St-Zip: CHICAGO, IL 60605

Title: V () Delete
Name: PLATT, DARLENE
Address: 2225 SW 15TH ST., APT #225
City-St-Zip: DEERFIELD BEACH, FL 33442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BARRY STURNER

PRES

02/08/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date