

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000005057

FILED
Apr 30, 2007
Secretary of State

Entity Name: FLEISCHMANN WELLNESS GROUP, INC.

Current Principal Place of Business:

12490 NE 7TH AVENUE
SUITE 211
NORTH MIAMI, FL 33161

New Principal Place of Business:

1031 IVES DAIRY ROAD
SUITE 228
MIAMI, FL 33179

Current Mailing Address:

1880 NE 206 TERRACE
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

FEI Number: 16-1649250 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FLEISCHMANN, SUZETTE B PRES.
1880 NE 206 TERRACE
NORTH MIAMI BEACH, FL 33179 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: DP () Delete
Name: FLEISCHMANN, SUZETTE B PRES.
Address: 1880 NE 206 TERRACE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: T () Delete
Name: ROJAS, MARCO SR
Address: 867 CAPTIVA DRIVE
City-St-Zip: HOLLYWOOD, FL 33019

Title: S () Delete
Name: ROJAS, ROSARIO
Address: 867 CAPTIVA DRIVE
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: FLEISCHMANN, SUZETTE B.

PRES

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date