## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000005057

Entity Name: FLEISCHMANN WELLNESS GROUP, INC.

FILED Apr 30, 2007 Secretary of State

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Surrant Di	inainal Blace	of Business	New Bringing Blood	of Business	
	-	of Business:	New Principal Place		
12490 NE 7 SUITE 211	TH AVENUE		1031 IVES DAIRY RO SUITE 228	DAD	
	AMI, FL 3316	1	MIAMI, FL 33179		
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	)6 TERRACE AMI BEACH, I	FL 33179			
El Number:	16-1649250	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
	ANN. SUZET	TE B PRES.			
	06 TERRACE AMI BEACH, I	FL 33179 US			
NORTH MI The above	)6 TERRACE AMI BEACH, I		ourpose of changing its registere	ed office or registered agent, or both,	
NORTH MI The above n the State	06 TERRACE AMI BEACH, I named entity s of Florida.		purpose of changing its registere	ed office or registered agent, or both,	
NORTH MI The above n the State	06 TERRACE AMI BEACH, I named entity s of Florida. RE:			ed office or registered agent, or both,  Date	
NORTH MI The above In the State	06 TERRACE AMI BEACH, I named entity s of Florida. RE: Electron	submits this statement for the			
NORTH MI The above In the State SIGNATUR Election Can	06 TERRACE AMI BEACH, I named entity s of Florida. RE: Electron	submits this statement for the labels in the	ent		
NORTH MI The above In the State SIGNATUR Election Can DEFICERS	named entity of Florida.  RE: Electron  apaign Financing  AND DIREC	submits this statement for the labels in the	ent	Date	
NORTH MI The above In the State SIGNATUF Election Can DFFICERS Title: Ilame:	named entity of Florida.  Electror  paign Financing  AND DIREC  DP ()  FLEISCHMANN	submits this statement for the paic Signature of Registered Agg Trust Fund Contribution ( ).  TORS:  Delete  SUZETTE B PRES.	ent  ADDITIONS/CHANG  Title:  Name:	Date  BES TO OFFICERS AND DIRECTOR	
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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