2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006
Secretary of State

DOCUMENT# P02000129928

Entity Name: 2 LIVE WELL, INC.

Current Principal Place of Business:

8200 SUNRISE LAKES BOULEVARD
BUILDING 58, APT. 201
SUNRISE, FL

New Principal Place of Business:

8200 SUNRISE LAKES BOULEVARD
BUILDING 58, APT. 201
SUNRISE, FL 33322

Current Mailing Address:

8200 SUNRISE LAKES BOULEVARD
BUILDING 58, APT. 201
SUNRISE, FL

New Mailing Address:

8200 SUNRISE LAKES BOULEVARD
BUILDING 58, APT. 201
SUNRISE, FL 33322

FEI Number: 51-0439389 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERRARO, FRANK A CPA
3601 SE OCEAN BLVD., SUITE 005
STUART, FL 34996 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: PST ( ) Delete
Name: ROMANO, ANN
Address: 8200 SUNRISE LAKES BOULEVARD
City-St-Zip: SUNRISE, FL

Title: V ( ) Delete
Name: SNYDER, JENNIFER
Address: 839 NANCY WAY
City-St-Zip: WESTFIELD, NJ 07090

Title: D ( ) Delete
Name: SNYDER, RON
Address: 839 NANCY WAY
City-St-Zip: WESTFIELD, NJ 07090

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 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: ANN ROMANO PST 04/05/2006

Electronic Signature of Signing Officer or Director — Date