


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 18, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F05000001458</b> 1. Entity Name <b>THE WELLNESS COUNCIL OF AMERICA INC.</b>	
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Principal Place of Business <b>9802 NICHOLAS STREET #315 OMAHA, NE 68114</b>	Mailing Address <b>9802 NICHOLAS STREET #315 OMAHA, NE 68114</b>
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**DO NOT WRITE IN THIS SPACE**



08012006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>36-3444746</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**STEURER, DAVID  
6878 74TH STREET  
BRADENTON, FL 34203**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, GLENDON 3350 SW 27TH AVE. #1708 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIZER, BILL 9802 NICHOLAS STREET #315 OMAHA, NE 68114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUNNICUTT, DAVID 9802 NICHOLAS STREET #315 OMAHA, NE 68114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JAHN, GREG 9802 NICHOLAS STREET #315 OMAHA, NE 68114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERMAN, AL 1164 HILLCREST RD DALLAS, TX 75230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000574713  
08/18/06-80002-019 550.00

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 607, 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:  **8/04/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #