


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 18, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # F05000001458	
1. Entity Name THE WELLNESS COUNCIL OF AMERICA INC.	

Principal Place of Business 9802 NICHOLAS STREET #315 OMAHA, NE 68114	Mailing Address 9802 NICHOLAS STREET #315 OMAHA, NE 68114
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07052007 No Chg-P CR2E034 (11/05)

4. FEI Number 36-3444746	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  STEURER, DAVID 6878 74TH STREET BRADENTON, FL 34203
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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	

U00000769338  
07/18/07-80002-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/07 402-827-3590  
Date Daytime Phone