## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J77226

City-St-Zip: BOCA RATON, FL 33432

Entity Name: PREVENT-WELL NUTRITION SERVICES, INC.

FILED Jun 09, 2005 Secretary of State

| Current Principal Place of Business:                                       |   | New Principal Place                 | New Principal Place of Business:             |  |
|--|---|-------------------------------------|--|--|
| 1700 N. DIXIE HIGHWA<br>STE 120<br>BOCA RATON, FL 334                      |   |                                     |  |  |
| Current Mailing Address:   |   | New Mailing Addres                  | New Mailing Address:                         |  |
| C/O BLAKESBERG & CO. CPA'S<br>BOCA RATON,                                  |   | 951 SW 4TH AVE<br>BOCA RATON, FL 33 | 951 SW 4TH AVE<br>BOCA RATON, FL 33432       |  |
| FEI Number: 59-2816753   | FEI Number Applied For ( )  | FEI Number Not Applicable ( )       | Certificate of Status Desired ( )            |  |
| Name and Address of  | Current Registered Agent:   | Name and Address of                 | Name and Address of New Registered Agent:    |  |
| MENDELSOHN, PAULA<br>1700 N. DIXIE HIGHWA<br>STE 120<br>BOCA RATON, FL 334 | Υ   |                                     |  |  |
| The above named entity in the State of Florida.                            | submits this statement for the  | purpose of changing its registere   | d office or registered agent, or both,       |  |
| SIGNATURE:   |   |                                     |  |  |
| Electro  | onic Signature of Registered Ag   | gent                                | Date   |  |
|  | 93(2)(b), F.S., the corporation did r<br>ng Trust Fund Contribution (  ). | not receive the prior notice.       |  |  |
| OFFICERS AND DIRE  | CTORS:  | ADDITIONS/CHANG                     | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Name: MENDELSOH  | ) Delete<br>N, PAULA H  | Title:<br>Name:                     | ( ) Change ( ) Addition                      |  |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PAULA MENDELSOHN PRES 06/09/2005