

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 29, 2005 08:00 AM
Secretary of State**

DOCUMENT # L00000010671	
1. Entity Name WELLNESS FOR FEET, LLC	
Principal Place of Business 1500 UNIVERSITY DR., SUITE 245 CORAL SPRINGS, FL 33071	Mailing Address 1500 UNIVERSITY DR., SUITE 245 CORAL SPRINGS, FL 33071



DO NOT WRITE IN THIS SPACE

04262005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1035015	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent JUMPINGJAXTAX.COM, INC. 1940 HARRISON STREET SUITE 201 B HOLLYWOOD, FL 33020-5072	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FARMER, MARGARET 1500 UNIVERSITY DR., SUITE 245 CORAL SPRINGS, FL 33071
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Margaret Farmer **MARGARET FARMER** 4/22/2005 954 755-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #