

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004214

FILED
May 04, 2004
Secretary of State

Entity Name: WELLNESS DISTRIBUTORS.COM, LLC

Current Principal Place of Business:

108 N MAGNOLIA AVE., STE 200
OCALA, FL 34471

New Principal Place of Business:

108 N MAGNOLIA AVE., STE 200
OCALA, FL 34475

Current Mailing Address:

108 N MAGNOLIA AVE., STE 200
OCALA, FL 34471

New Mailing Address:

108 N MAGNOLIA AVE., STE 200
OCALA, FL 34475

FEI Number: 59-3705749

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHALA, PASHK
2829 SOUTHEAST 38TH STREET
OCALA, FL 34480 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

MANAGING MEMBERS/MEMBERS:

Title: MGRS () Delete
Name: SHALA, PASHK
Address: 2829 SOUTHEAST 38TH STREET
City-St-Zip: Ocala, FL 34480

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SHALA, PASHK
Address: 2829 SOUTHEAST 38TH STREET
City-St-Zip: Ocala, FL 34480

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 is true and accurate and that my electronic 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: PASHK SHALA

MGR

05/04/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date