2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004
Secretary of State

DOCUMENT# L02000028899

Entity Name: WAYS TO WELLNESS, LLC

Current Principal Place of Business:

1200 SOUTH FEDERAL HIGHWAY STE. 202
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

1200 SOUTH FEDERAL HIGHWAY STE. 202
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: 01-0750970 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAPATHEODOROY, A
1200 S FEDERAL HWY., STE 202
BOYNTON BEACH, FL 33435 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: PSTD ( ) Delete
Name: PAPTHEODOROY, ANDREAS
Address: 1200 S FEDERAL HWY., STE 202
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D ( ) Delete
Name: HALL, MARK
Address: 1200 S FEDERAL HWY., STE 202
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PAPTHEODOROY, ANDREAS
Address: 1200 S FEDERAL HWY., STE 202
City-St-Zip: BOYNTON BEACH, FL 33435

Title: MGRM (X) Change ( ) Addition
Name: HALL, MARK
Address: 1200 S FEDERAL HWY., STE 202
City-St-Zip: BOYNTON BEACH, FL 33435

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: ANDREAS PAPATHEODOROU MGRM 04/19/2004

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