2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005
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:

PAPATHEODOROU, A
1200 S FEDERAL HWY., STE 202
BOYNTON BEACH, FL 33435 US

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: ANDREAS PAPATHEODOROU 04/26/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

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

Title: MGRM ( ) 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: PAPATHEODOROU, ANDREAS
Address: 1200 S FEDERAL HWY., STE 202
City-St-Zip: BOYNTON BEACH, FL 33435

Title: ( ) Change ( ) Addition
Name:
Address:
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 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 04/26/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date