

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000030452

FILED
Jun 12, 2006
Secretary of State**Entity Name:** SHIN WELLNESS, L.L.C.**Current Principal Place of Business:**2125 BISCAYNE BLVD., SUITE 540
MIAMI, FL 33137**New Principal Place of Business:****Current Mailing Address:**2125 BISCAYNE BLVD., SUITE 540
MIAMI, FL 33137**New Mailing Address:****FEI Number:** 55-0804095**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GALLEGO, WENDY DC
2125 BISCAYNE BLVD
STE 540
MIAMI, FL 33137 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/MANAGERS:****Title:** MGRM () Delete
Name: GALLEGO, WENDY
Address: 2125 BISCAYNE BLVD #540
City-St-Zip: MIAMI, FL 33137**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MGRM () Change (X) Addition
Name: BRAUN, JONTY
Address: 2125 BISCAYNE BLVD, #540
City-St-Zip: MIAMI, FL 33137

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JONTY BRAUN

MRGM

06/12/2006

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