

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007997

FILED
Apr 10, 2004
Secretary of State

Entity Name: WELLNESS TECHNOLOGIES LLC

Current Principal Place of Business:

1579 SPRINGSIDE DRIVE
WESTO, FL 33326

New Principal Place of Business:

1579 SPRINGSIDE DRIVE
WESTON, FL 33326

Current Mailing Address:

1579 SPRINGSIDE DRIVE
WESTO, FL 33326

New Mailing Address:

1579 SPRINGSIDE DRIVE
WESTON, FL 33326

FEI Number: 84-1621395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COGEOS-RATKEVICH, PATTI
1579 SPRINGSIDE DRIVE
WESTO, FL 33326

Name and Address of New Registered Agent:

COGEOS-RATKEVICH, PATTI
1579 SPRINGSIDE DRIVE
WESTON, FL 33326

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: PATTI COGEOS RATKEVICH

04/10/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: COGEOS-RATKEVICH, PATTI
Address: 1579 SPRINGSIDE DRIVE
City-St-Zip: WESTO, FL 33326

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: COGEOS-RATKEVICH, PATTI
Address: 1579 SPRINGSIDE DRIVE
City-St-Zip: WESTON, FL 33326

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: PATTI COGEOS RATKEVICH

MRS

04/10/2004

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