2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2005
Secretary of State

DOCUMENT# L03000031786

Entity Name: WELLNESS LIAISONS, LLC

Current Principal Place of Business:

801 NW 98TH AVENUE
PLANTATION, FL 33324 US

New Principal Place of Business:

1844 N. NOB HILL ROAD
#426
PLANTATION, FL 33322 US

Current Mailing Address:

801 NW 98TH AVENUE
PLANTATION, FL 33324 US

New Mailing Address:

1844 N. NOB HILL ROAD
#426
PLANTATION, FL 33322 US

FEI Number: 65-1201326 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PACKER, SHARI
801 NW 98TH AVENUE
PLANTATION, FL 33324 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: MGR ( ) Delete
Name: PACKER, SHARI
Address: 801 NW 98TH AVENUE
City-St-Zip: PLANTATION, FL 33324 US

Title: MGR ( ) Delete
Name: PACKER, CRAIG
Address: 801 NW 98TH AVENUE
City-St-Zip: PLANTATION, FL 33324 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SHARI PACKER MGR 03/25/2005

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