2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2005
Secretary of State

DOCUMENT# L04000038936

Entity Name: LIFE WELLNESS AND HEALTH, LLC

Current Principal Place of Business:

7744 PETERS ROAD
#314
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

7744 PETERS ROAD
#314
PLANTATION, FL 33324

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, STEPHEN M
7744 PETERS ROAD
#314
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: MGRM ( ) Delete
Name: COHEN, SHARON S
Address: 7744 PETERS ROAD #314
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES:

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: STEPHEN M. COHEN MGR 02/05/2005

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