2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2006
Secretary of State

DOCUMENT# L05000032791

Entity Name: DR. GREEN'S WELLNESS FORMULAS, LLC

Current Principal Place of Business:

6191 W. ATLANTIC BLVD.
SUITE 5
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

6191 W. ATLANTIC BLVD.
SUITE 5
MARGATE, FL 33063

New Mailing Address:

FEI Number: 20-2625019 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREEN, DEBORAH A ESQ.
6191 W. ATLANTIC BLVD.
2
MARGATE, FL 33063 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:	GREEN, MARTIN B	
Address:	6191 W. ATLANTIC BLVD, STE 5	
City-St-Zip:	MARGATE, FL 33063 US	
Title:	MGRM	( ) Delete
Name:	GREEN, DEBORAH A	
Address:	6191 W. ATLANTIC BLVD, STE 2	
City-St-Zip:	MARGATE, FL 33063 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 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: MARTIN GREEN MGRM 01/13/2006

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