2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 24, 2007
Secretary of State

DOCUMENT# L05000100346

Entity Name: K WELLNESS AMERICA LLC

Current Principal Place of Business:

2522 S. MILITARY TRAIL
WEST PALM BEACH, FL 33415

New Principal Place of Business:

6755 ALISO AVENUE
WEST PALM BEACH, FL 33413

Current Mailing Address:

2522 S. MILITARY TRAIL
WEST PALM BEACH, FL 33415

New Mailing Address:

6755 ALISO AVENUE
WEST PALM BEACH, FL 33413

FEI Number: 20-3627865 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RASHID, KM R
6755 ALISO AVENUE
WEST PALM BEACH, FL 33413 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: RASHID, KM M
Address: 5535 ALBIN DRIVE
City-St-Zip: GREENACRES, FL 33463

Title: MGRM (X) Delete
Name: RASHID, KM R
Address: 6755 ALISO AVENUE
City-St-Zip: WEST PALM BEACH, FL 33413

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: RASHID, KM R
Address: 6755 ALISO AVENUE
City-St-Zip: WEST PALM BEACH, FL 33413

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

I hereby certify that the information supplied with this filing does not qualify 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: KM ROWNOK RASHID MGRM 05/24/2007

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