2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108208

Entity Name: BELLA HEALTH & WELLNESS, LLC

FILED Apr 16, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

13909 NORTH DALE MABRY HIGHWAY 13909 NORTH DALE MABRY HIGHWAY

SUITE 1 TAMPA, FL 33618 US TAMPA, FL 33618 US

Current Mailing Address: New Mailing Address:

13909 NORTH DALE MABRY HIGHWAY 13909 NORTH DALE MABRY HIGHWAY

SUITE 1 TAMPA, FL 33618 US TAMPA, FL 33618 US

FEI Number: 02-0763968 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LATORRE, CHERYL L
13909 NORTH DALE MABRY HIGHWAY
LATORRE, CHERYL L
13909 NORTH DALE MABRY HIGHWAY

SUITE 201 TAMPA, FL 33618 US TAMPA, FL 33618 US

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: CHERYL LATORRE 04/16/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: () Change () Addition

Name:LATORRE, CHERYL LName:Address:13909 NORTH DALE MABRY HIGHWAY, SUITE 201Address:City-St-Zip:TAMPA, FL 33618 USCity-St-Zip:

Title: MGR () Delete Title: () Change () Addition

Name:LATORRE, RANDALL CName:Address:13909 NORTH DALE MABRY HIGHWAY, SUITE 201Address:City-St-Zip:TAMPA, FL 33618 USCity-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: CHERYL LATORRE MGR 04/16/2007