2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L69875

KNIGHT, ALAN

321 OLEANDER WAY

321 OLEANDER WAY

() Delete

CASSELBERRY, FL

HAYS, JAMES H

CASSELBERR, FL

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

FILED Apr 24, 2006 Secretary of State

2001		•			ocorciary or oracc	
Entity Nar	me: WELLPOIN	TING BY KENNEY, INC.				
Current Principal Place of Business:			New Principal Place of Business:			
	NDER WAY ERRY, FL 3270	7 US				
Current Mailing Address:			New Mailing Address:			
	NDER WAY ERRY, FL 3270	7 US				
FEI Number:	: 59-3008733	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
444 SEABI SUITE 500 DAYTONA	BEACH, FL 32		urnoso of changing i	te registered	Loffice or registered agent, or both	
	e of Florida.	pinits this statement for the pt	irpose or changing r	is registered	I office or registered agent, or both,	
SIGNATUR						
Election Car		Signature of Registered Ager rust Fund Contribution ().	nt		Date	
OFFICERS	S AND DIRECTO	DRS:	ADDITION	IS/CHANGE	S TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	C () D KENNEY, JON, 321 OLEANDER \ CASSELBERRY,	VAY	Title: Name: Address: City-St-Zip:	KENNEY, JO 321 OLEANE		
Title: Name: Address: City-St-Zip:	P () D CRUIT, EDWIN 321 OLEANDER V CASSELBERRY,	WAY	Title: Name: Address: City-St-Zip:	CRUIT, EDW 321 OLEAND		
Title: Name: Address: City-St-Zip:	S () D SULLIVAN, MARL 321 OLEANDER \ CASSELBERRY,	ENE VAY	Title: Name: Address: City-St-Zip:	JOHNSON, C 321 OLEANE		
Title:	T ()D	elete	Title:	D	(X) Change () Addition	

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SHARE, BRADLEY F

321 OLEANDER WAY

321 OLEANDER WAY

HAYS, JAMES H

CASSELBERRY, FL 32707 US

CASSELBERRY, FL 32707 US

(X) Change () Addition

SIGNATURE: JONATHAN KENNEY C 04/24/2006