

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 06, 2005
Secretary of State**

DOCUMENT# N02000003801

Entity Name: WELLHOUSE INTERNATIONAL, INC.

Current Principal Place of Business:

5380 N OCEAN DR 8D-EASTPOINT I
SINGER ISLAND, FL 33404

New Principal Place of Business:

Current Mailing Address:

5380 N OCEAN DR 8D-EASTPOINT I
SINGER ISLAND, FL 33404

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ANDERSON, JULIETTE
5380 N OCEAN DR 8D-EASTPOINT I
SINGER ISLAND, FL 33404 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: JULIETTE ANDERSON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ANDERSON, JULIETTE
Address: 5380 N OCEAN DR 8D-EASTPOINT I
City-St-Zip: SINGER ISLAND, FL 33404

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

Title: D () Delete
Name: BRANDT, HENRY
Address: 5380 N OCEAN DR 8D-EASTPOINT I
City-St-Zip: SINGER ISLAND, FL 33404

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

Title: D () Delete
Name: ANDERSON, HARRY L
Address: 125 WORTH AVE STE 100
City-St-Zip: PLAM BCH, FL 33480

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIETTE ANDERSON

DP

10/06/2005

Electronic Signature of Signing Officer or Director

Date