

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002262

FILED
Apr 26, 2005
Secretary of State

Entity Name: SAFETY AND WELLNESS CONSULTANTS INC.

Current Principal Place of Business:

12499 GLADES RD.
STE. 305B
BOCA RATON, FL 33431

New Principal Place of Business:

2200 BOCA RATON BLVD
SUITE 104
BOCA RATON, FL 33431

Current Mailing Address:

12499 GLADES RD.
STE. 305B
BOCA RATON, FL 33431

New Mailing Address:

2200 BOCA RATON BLVD
SUITE 104
BOCA RATON, FL 33431

FEI Number: 81-0604631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

L'ESTRANGE, BRIAN
10922 RAVEL COURT
BOCA RATON, FL 33498 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: L'ESTRANGE, BRIAN
Address: 10922 RAVEL COURT
City-St-Zip: BOCA RATON, FL 33498

Title: D () Delete
Name: LESTRANGE, EILEEN DR.
Address: 215 ORTHODOX DR
City-St-Zip: RICHBORO, PA 18954

Title: D () Delete
Name: SCHWARTZ, MARC
Address: 1500 HORIZON DR SUITE 120-D
City-St-Zip: NEW BRITIAN, PA 18901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: BRIAN L'ESTRANGE, DIRECTOR

D

04/26/2005

Electronic Signature of Signing Officer or Director

Date