2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000002637

1. Entity Name
THE FOUNDATION FOR WELLNESS PROFESSIONALS, INC.

Principal Place of Business	Mailing Address
1130 CLEVELAND STREET, SUITE 210 CLEARWATER, FL 33756 US	1130 CLEVELAND STREET, SUITE 210 CLEARWATER, FL 33755 US

01192007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DENTD SINGER ENTERPRISES
1130 CLEVELAND STREET
SUITE 210
CLEARWATER, FL 33755

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000613943
02/06/07-80005-014 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SINGER, DAVID CEO
STREET ADDRESS	2840 WEST BAY DRIVE, SUITE 225
CITY-ST-ZIP	BELLEAIR BLUFF, FL 33770
TITLE	D
NAME	SINGER, DAVID
STREET ADDRESS	2840 WEST BAY DRIVE, SUITE 225
CITY-ST-ZIP	BELLEAIR BLUFF, FL 33770
TITLE	V
NAME	VENEGAS, DIANA
STREET ADDRESS	2840 WEST BAY DRIVE, SUITE 225
CITY-ST-ZIP	BELLEAIR BLUFF, FL 33770
TITLE	D
NAME	VENEGAS, DIANA
STREET ADDRESS	2840 WEST BAY DRIVE, SUITE 225
CITY-ST-ZIP	BELLEAIR BLUFF, FL 33770
TITLE	S
NAME	NABORS, MARY BETH
STREET ADDRESS	2840 WEST BAY DRIVE, SUITE 225
CITY-ST-ZIP	BELLEAIR BLUFF, FL 33770
TITLE	T
NAME	NABORS, MARY BETH
STREET ADDRESS	2840 WEST BAY DRIVE, SUITE 225
CITY-ST-ZIP	BELLEAIR BLUFF, FL 33770

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR