

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006826

FILED  
May 26, 2006  
Secretary of State

Entity Name: FREEWELLNESSTEST.COM, INC.

**Current Principal Place of Business:**

1407 SE 14TH STREET  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

4920 SW 17TH AVENUE  
CAPE CORAL, FL 33914

**New Mailing Address:**

FEI Number: 03-0528606      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

MIEDEL, WILLIAM  
1407 SE 14TH STREET  
CAPE CORAL, FL 33990      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: MIEDEL, WILLIAM  
Address: 1407 SE 14TH ST  
City-St-Zip: CAPE CORAL, FL 33990

Title: STD      ( ) Delete  
Name: SANGELO, KATHLEEN  
Address: 1407 SE 14TH STREET  
City-St-Zip: CAPE CORAL, FL 33990

Title: D      ( ) Delete  
Name: WOOD, NICOLE  
Address: 1407 SE 14TH STREET  
City-St-Zip: CAPE CORAL, FL 33990

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

SIGNATURE: WILLIAM MIEDEL

DIR

05/26/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date