

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007036

FILED
Jan 04, 2006
Secretary of State

Entity Name: THE WELLNESS FOUNDATION INC.

Current Principal Place of Business:

111 GRANADA CT.
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

111 GRANADA CT.
ORLANDO, FL 32803

New Mailing Address:

3713 ETHAN LANE
ORLANDO, FL 32814

FEI Number: 51-2135289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HERRERA, CLARA
111 GRANADA CT.
ORLANDO, FL 32803 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: HERRERA, CLARA
Address: 111 GRANADA CT.
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: HERRERA, MICHAEL
Address: 111 GRANADA CT.
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: HERRERA, MAGALI
Address: 111 GRANADA CT.
City-St-Zip: ORLANDO, FL 32803

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: CLARA HERRERA

D

01/04/2006

Electronic Signature of Signing Officer or Director

Date