2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2004
Secretary of State

DOCUMENT# N03000010598

Entity Name: ANTI-AGING WELLNESS INC.

Current Principal Place of Business:

PO BOX 812671
BOCA RATON, FL 33481

New Principal Place of Business:

Current Mailing Address:

PO BOX 812671
BOCA RATON, FL 33481

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PURLAND, JOHN
2650 GREENWOOD TERRACE
G226
BOCA RATON, FL 33431 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: P ( ) Delete
Name: PURLAND, JOHN
Address: PO BOX 812671
City-St-Zip: BOCA RATON, FL 33481

Title: VP ( ) Delete
Name: ADDONA, MARIBETH
Address: 3 GOVERNER'S COURT
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: S/T ( ) Delete
Name: WOLIN, LORI
Address: PO BOX 812671
City-St-Zip: BOCA RATON, FL 33481

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: JOHN PURLAND P 02/15/2004
Electronic Signature of Signing Officer or Director — Date