

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002588

FILED
Apr 28, 2006
Secretary of State

Entity Name: WAWA ABA WELLNESS, CORP

Current Principal Place of Business:

3341 N UNIVERSITY DRIVE
STE 2
HOLLYWOOD, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

3341 N UNIVERSITY DRIVE
STE 2
HOLLYWOOD, FL 33024 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

VASSALL, AYODELE A
19451 SHERIDAN STREET
STE 177
FT LAUDERDALE, FL 33332 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: PD () Delete
Name: BRADUA, MENA YAA PRIEST
Address: 19451 SHERIDAN STREET STE 177
City-St-Zip: FT LAUDERDALE, FL 33332 US

Title: VPD () Delete
Name: VASSALL, ROBERT
Address: 3341 N UNIVERSITY DR STE 2
City-St-Zip: HOLLYWOOD, FL 33024 US

Title: TSD () Delete
Name: VASSALL, AYODELE
Address: 19451 SHERIDAN STREET
City-St-Zip: FT LAUDERDALE, FL 33332 US

Title: D () Delete
Name: GORE, ERIC B
Address: 3341 N UNIVERSITY DRIVE STE 2
City-St-Zip: HOLLYWOOD, FL 33024

Title: D () Delete
Name: GRAVESANDY, JAMES
Address: 3341 N UNIVERSITY DRIVE
City-St-Zip: HOLLYWOOD, FL 33024 US

Title: D () Delete
Name: MILLER, CAROL
Address: 3341 N UNIVERSITY DRIVE
City-St-Zip: HOLLYWOOD, FL 33024 US

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:

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: MENA YAA BRADUA

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date