2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# N04000004029

Entity Name: THE SAHIRAH FAMILY WELLNESS CENTER INC.

Current Principal Place of Business:

2129 10TH AVE
LAKE WORTH, FL 33416

New Principal Place of Business:

915 N.
LAKEWORTH, FL 33416

Current Mailing Address:

2129 10TH AVE
LAKE WORTH, FL 33416

New Mailing Address:

915 N.
LAKEWORTH, FL 33460

FEI Number: 20-1188399 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
660 E JEFFERSON ST
TALLAHASSEE, FL 32301 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Change (X) Addition
Name: WALKER-SHAKIR, DR. SHERLYNN
Address: 915 N.
City-St-Zip: LAKEWORTH, FL 33460

Title: S ( ) Change (X) Addition
Name: WALKER-SHAKIR, DR. SHERLYNN
Address: 915 N.
City-St-Zip: LAKEWORTH, FL 33460

Title: T ( ) Change (X) Addition
Name: WALKER-SHAKIR, DR. SHERLYNN
Address: 915 N.
City-St-Zip: LAKEWORTH, FL 33460

Title: D ( ) Change (X) Addition
Name: WALKER-SHAKIR, DR. SHERLYNN
Address: 915 N.
City-St-Zip: LAKEWORTH, FL 33460

Title: V ( ) Change (X) Addition
Name: FLOYD, DR. SERINA
Address: 1314 KENDALL DRIVE
City-St-Zip: DURHAM, NC 27703

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: DR. SHERLYNN WALKER-SHAKIR DIR 04/25/2005

Electronic Signature of Signing Officer or Director — Date