

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008096

FILED  
Aug 25, 2007  
Secretary of State

**Entity Name:** INSTITUTE FOR WELLNESS, EDUCATION AND RESEARCH, INC.

**Current Principal Place of Business:**

3916 ROSE PETAL LANE  
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

3916 ROSE PETAL LANE  
ORLANDO, FL 32808

**New Mailing Address:**

**FEI Number:** 77-0644859      **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:**

WILLIAMS, LARRY K  
3916 ROSE PETAL LANE  
ORLANDO, FL 32808      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: BRATHWAITE, NOEL  
Address: 275 E. CENTRAL PARKWAY  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D      ( ) Delete  
Name: THOMSON, ROLAND  
Address: 1241 LAKE PIEDMONT CIRCLE  
City-St-Zip: APOPKA, FL 32703

Title: D      ( ) Delete  
Name: WILLIAMS, LARRY K  
Address: 3916 ROSE PETAL LANE  
City-St-Zip: ORLANDO, FL 32808

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: DAYMON, CHARLES  
Address: 1241 LAKE PIEDMONT CIRCLE  
City-St-Zip: APOPKA, FL 32703

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LARRY K. WILLIAMS

D

08/25/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date