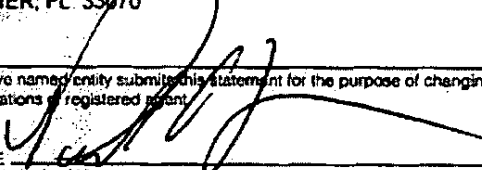
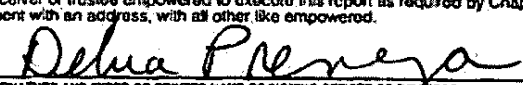


FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90083 049 ****61.25

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N06000005296			
1. Entity Name WELLNESS INTERFAITH NETWORK, INC.			
Principal Place of Business 91500 OVERSEAS HIGHWAY TAVERNIER, FL 33070		Mailing Address 91500 OVERSEAS HIGHWAY TAVERNIER, FL 33070	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 56-2583347		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FEESER, PAMELA REV. 91500 OVERSEAS HIGHWAY TASSELL BLDG., WIN OFFICE MARINERS HOSP. TAVERNIER, FL 33070		7. Name and Address of New Registered Agent Name Rev. Dr. Pamela Feeser Street Address (P.O. Box Number is Not Acceptable) 34 Pirates Drive City Key Largo FL Zip Code 33037	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 1-25-07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUSTAFSON, JAMES REV. 91500 OVERSEAS HIGHWAY TAVERNIER, FL 33070 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mo Schnieder 734 Largo Rd. Key Largo, FL 33037 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUNNINGHAM, MICHAEL AHEC, 9713 OH MARATHON, FL 33050 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nancy Vinken 91500 Overseas Hwy Tavernier, FL 33070 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PREMAZA, DEBBIE 99198 OVERSEAS HIGHWAY TAVERNIER, FL 33070 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ana Cobiella-Olson 99181 OH, Unit A-41 Tavernier, FL 33036 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, JIMMY ROTH BLDG., 50 HIGH POINT RD. TAVERNIER, FL 33070 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard Overfield PO Box 1578 Key Largo, FL 33037 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SZUREK, MARK DR. P.O. BOX 4966 KEY WEST, FL 33041 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KWALICK, TERESA 91500 OVERSEAS HIGHWAY TAVERNIER, FL 33070 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE 1/25/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	