

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000104066

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: TLC INTERNATIONAL WELLNESS, INC.

## Current Principal Place of Business:

2450 OLD GROVES ROAD #101  
NAPLES, FL 34109

## New Principal Place of Business:

1402 SW 43 ST.  
CAPE CORAL, FL 33914 US

## Current Mailing Address:

2450 OLD GROVES ROAD #101  
NAPLES, FL 34109

## New Mailing Address:

1402 SW 43 ST.  
CAPE CORAL, FL 33914 US

FEI Number: 65-1084582

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBBINS, RAYMOND F  
2450 OLD GROVES ROAD #101  
NAPLES, FL 34109 US

## Name and Address of New Registered Agent:

ROBBINS, RAYMOND F  
1402 SW 43 ST.  
CAPE CORAL, FL 33914 US

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:

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ROBBINS, TRACEY  
Address: 2450 OLD GROVES ROAD #101  
City-St-Zip: NAPLES, FL 34109

Title: VPD ( ) Delete  
Name: CASH, GRACE D  
Address: 2450 OLD GROVES RD, # 101  
City-St-Zip: NAPLES, FL 34109

Title: TD ( ) Delete  
Name: RAYMOND, ROBBINS F  
Address: 2450 OLD GROVES RD. #101  
City-St-Zip: NAPLES, FL 34109

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ROBBINS, TRACEY  
Address: 1402 SW 43 ST.  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: VPD (X) Change ( ) Addition  
Name: CASH, GRACE D  
Address: 1402 SW 43 ST.  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: TD (X) Change ( ) Addition  
Name: RAYMOND, ROBBINS F  
Address: 1402 SW 43 ST.  
City-St-Zip: CAPE CORAL, FL 33914 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAYMOND ROBBINS

TD

04/28/2005

Electronic Signature of Signing Officer or Director

Date