

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Apr 29, 2005
Secretary of State**

DOCUMENT# P00000110874

Entity Name: WELLNESS ACADEMIES, INC.

Current Principal Place of Business:

1400 S.W. 27TH AVE
SUITE 102
MIAMI, FL 33145 US

New Principal Place of Business:

2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Current Mailing Address:

1400 S.W. 27TH AVE
SUITE 102
MIAMI, FL 33145 US

New Mailing Address:

2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

FEI Number: 65-1057930

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: LOMBARDI, JOSE V
Address: 1400 S.W. 27TH AVE, SUITE 102
City-St-Zip: MIAMI, FL 33145 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LOMBARDI, JOSE V
Address: 650 WEST AVENUE, 1210
City-St-Zip: MIAMI BEACH, FL 33139 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: JOSE V. LOMBARDI

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date