2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004
Secretary of State

DOCUMENT# P00000110979

Entity Name: BE WELL HOMEOPATHICS, INC.

Current Principal Place of Business:

2441 NW 93RD AV
#107A
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

PO BOX 1923
MIAMI, FL 33233

New Mailing Address:

2441 NW 93 RD AV
#107 A
MIAMI, FL 33233

FEI Number: 65-1058648 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CLEMENT, RICHARD T
PO BOX 1923
MIAMI, FL 33233

Name and Address of New Registered Agent:

CLEMENT, RICHARD T
2441 NW 93 RD AV
#107 A
MIAMI, FL 33233

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: _____ 02/23/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: CLEMENT, RICHARD
Address: #107 A 2441 NW 93RD AV
City-St-Zip: MIAMI, FL 33172

Title: VD ( ) Delete
Name: NEWMAN, DAVID
Address: 2470 TRAPP AVE
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: RICHARD T.CLEMENT PRES 02/23/2004
Electronic Signature of Signing Officer or Director — Date