2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005
Secretary of State

DOCUMENT# P01000082425

Entity Name: CENTER FOR WELLNESS AND DISEASE PREVENTION, INC.

Current Principal Place of Business:

650 WYMORE RD,
STE 202
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

650 WYMORE RD
STE 202
WINTER PARK, FL 32789 US

New Mailing Address:

FEI Number: 59-3744463 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEWIS, GIDEON DR.
650 WYMORE RD
STE 202
WINTER PARK, FL 32789 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LEWIS, GIDEON G DR
Address: 1564 FOXDEN RD
City-St-Zip: APOPKA, FL 32712 US

Title: VP ( ) Delete
Name: DAVIS, CHANDRA N MRS
Address: 1564 FOXDEN RD
City-St-Zip: APOPKA, FL 32712 US

Title: T ( ) Delete
Name: DAVIS, JEFFREY M MR
Address: 1564 FOXDEN RD
City-St-Zip: APOPKA, FL 32712 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JEFFREY M DAVIS T 04/16/2005

Electronic Signature of Signing Officer or Director Date