2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006
Secretary of State

DOCUMENT# P01000087617

Entity Name: WISHBONE HEALTH AND WELLNESS, INC.

Current Principal Place of Business:

1450 CAPE COVE BLVD
ORLANDO, FL 32808

New Principal Place of Business:

5533 S. ORANGE AVE.
ORLANDO, FL 32809

Current Mailing Address:

1450 CAPE COVE BLVD
ORLANDO, FL 32808

New Mailing Address:

8518 PECONIC DR
ORLANDO, FL 32835

FEI Number: 37-6926072 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PREMIER HEALTH
8518 PECONIC DR.
ORLANDO, FL 32835 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: PSTD ( ) Delete
Name: FREEMAN, FREDERIC J II
Address: 1450 CAPE COVE BLVD
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: FREEMAN, FREDERIC J II
Address: 8518 PECONIC DR
City-St-Zip: ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: FREDERIC FREEMAN PSTD 02/21/2006
Electronic Signature of Signing Officer or Director Date