

2006

FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000041659

1. Entity Name

WELLNESS ALLIANCE, INC.



FILED

06 AUG 21 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2424 FRANKFORD AVE
STE B
PANAMA CITY FL 32405

Mailing Address

2424 FRANKFORD AVE
STE B
PANAMA CITY FL 32406

P.O. Box 15998

2. Principal Place of Business

1717 COUNTRY CLUB DR

3. Mailing Address

P.O. Box 15998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LYNN HAVEN, FL

City & State

PANAMA CITY, FL

Zip

32444

Country

BAY

Zip

32406

Country

BAY

4. FEI Number

75-3082987

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~KOLK, JACALYN N~~
~~4116 HWY. 231 NORTH~~
~~PANAMA CITY FL 32404~~

RICHARD L.

Name

RICHARD L. WHITSITT

Street Address (P.O. Box Numbers Not Acceptable)

2454 PRETTY BAYOU BLVD

City

PANAMA CITY

FL

Zip Code

32405

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DPT	GHANY-ABDEL, NAIMA MD	1717 COUNTRY CLUB DR	LYNN HAVEN FL 32444	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VPS	ARAF, JULIA	2108 W 33RD ST	PANAMA CITY FL 32405	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
O	BADWAY, HEND	25 CARRIAGE PARK	OXFORD GA 30054	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 007, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/06

850-872-8122



DECLARATION STATEMENT 06

1st MOORE CR2E034 (10/04)

RICHARD L. WHITSITT, C.P.A.

2454 Pretty Bayou Blvd.

Panama City, FL 32405

Tel: (850) 769-7435

Fax: 784-2429

August 17, 2006

Florida Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

REF: P02000041659

Dear Sirs,

I am writing in reference to the attached for profit corporation WELLNESS ALLIANCE, INC. that has been administratively dissolved.

Please abate the penalties for this corporation filing and reinstate the corporation, with the documents initially mailed, for the following circumstances.

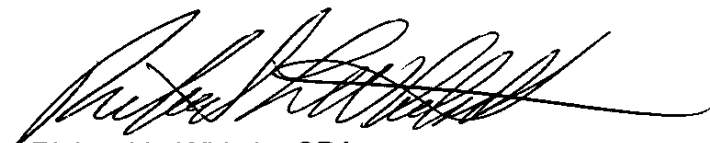
The principal officer and owner of this corporation left the United States to travel to Egypt to be with her dying father and take care of family business. Her mother died one year prior. The corporate office was temporarily closed and the mail forwarded to the P.O. box for pick-up. Please note the P.O. box was incorrectly listed on the prior years annual reports as P.O. Box 1599 rather than Box 15998.

The registered agent resigned and was to send notice of the new agent in the fall 2005.

No mailings were received by the Corporation and the new agent contacted the President and obtained a copy of the prior year filing which was corrected for address and agent information and was mailed prior to May 1, 2006.

I am attaching the annual report for the corporation with the check which was returned with the May 5, 2006 correspondence from the Division of Corporations.

Sincerely,



Richard L. Whitsitt, CPA

N. Abdel
NAIMA ABDEL - GHANY,
PRESIDENT