

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000050952

Entity Name: WHOLISTIC MEDICINE CLINIC, INC.

FILED
Apr 18, 2006
Secretary of State

Current Principal Place of Business:

1405 S.E. GOLDTREE DRIVE., SUITE D
PORT ST LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

1405 S.E. GOLDTREE DRIVE., SUITE D
PORT ST LUCIE, FL 34952

New Mailing Address:

FEI Number: 81-0563790

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TYE, WILLIAM G III
1405 S.E. GOLDTREE DRIVE., SUITE D
PORT ST LUCIE, FL 34952 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: TYE, WILLIAM G III
Address: 1405 S.E. GOLDTREE DRIVE., SUITE D
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D () Delete
Name: GOLGOTIU, ADRIAN D
Address: 1405 S.E. GOLDTREE DRIVE., SUITE D
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D () Delete
Name: TYE, REBECCA
Address: 1405 S.E. GOLDTREE DRIVE., SUITE D
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D () Delete
Name: MACK, BARBARA M
Address: 1405 SE GOLDTREE DR SUITE D
City-St-Zip: PORT ST. LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: NATALYA, KLYUCHKO
Address: 1405 S.E. GOLDTREE DRIVE., SUITE D
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D (X) Change () Addition
Name: PLAYER, RAMONA M
Address: 1405 SE GOLDTREE DR SUITE D
City-St-Zip: PORT ST. LUCIE, FL 34952

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: WILLIAM G TYE III

P

04/18/2006

Electronic Signature of Signing Officer or Director

Date