

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000054247

FILED
Apr 26, 2005
Secretary of State

Entity Name: WELLNESS RESEARCH AND CONSULTING INC.

Current Principal Place of Business:

12794 W. FOREST HILL BLVD STE 16
WELLINGTON, FL 33414

New Principal Place of Business:

12794 W. FOREST HILL BLVD
SUITE 16
WELLINGTON, FL 33414

Current Mailing Address:

12794 W. FOREST HILL BLVD STE 16
WELLINGTON, FL 33414

New Mailing Address:

12794 W. FOREST HILL BLVD
SUITE 16
WELLINGTON, FL 33414

FEI Number: 37-1437602

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEARS, ALFRED C MD
12794 W. FOREST HILL BLVD STE 16
WELLINGTON, FL 33414 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: D () Delete
Name: DARWISH, MYRA WEXLER
Address: 12794 FOREST HILL BLVD., SUITE 16
City-St-Zip: WELLINGTON, FL 33414

Title: D (X) Delete
Name: GARDES, ROLAND MPH
Address: 12794 FOREST HILL BLVD., SUITE 16
City-St-Zip: WELLINGTON, FL 33414

Title: D (X) Delete
Name: BISHOP, CAMERON J MA
Address: 12794 FOREST HILL BLVD., SUITE 16
City-St-Zip: WELLINGTON, FL 33414

Title: D (X) Delete
Name: MCCORMICK, LOUISE
Address: 12794 FOREST HILL BLVD., SUITE 16
City-St-Zip: WELLINGTON, FL 33414

Title: D (X) Delete
Name: REILLO, PAUL R
Address: 12794 FOREST HILL BLVD., SUITE 16
City-St-Zip: WELLINGTON, FL 33414

Title: D (X) Delete
Name: ABOVYAN, SHAGEN
Address: 12794 FOREST HILL BLVD., SUITE 16
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change () Addition
Name: SEARS, ALFRED C MD
Address: 12794 W FOREST HILL BLVD. SUITE 16
City-St-Zip: WELLINGTON, FL 33414 US

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

Title: () Change () Addition
Name:
Address:
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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: ALFRED C SEARS

MD

04/26/2005

Electronic Signature of Signing Officer or Director

Date