


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P02000055618 1. Entity Name LYNN WELLNESS GROUP, INC. |  |
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| Principal Place of Business 4700 N.W. 22ND STREET COCONUT CREEK, FL 33063 | Mailing Address 4700 N.W. 22ND STREET COCONUT CREEK, FL 33063 |
|---|---|



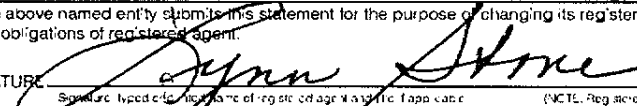
04202004 No Chg-P CR2E034 (10/03)

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| 4. FCI Number 03-0456350 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent STONE, LYNN 4700 N.W. 22ND STREET COCONUT CREEK, FL 33063 |
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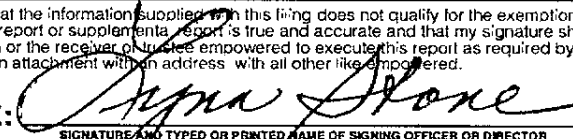
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | |
| SIGNATURE:  <small>Signature typed or printed name of registered agent in the space below</small> | <small>(NOTE: Registered Agent's signature required when rechartering)</small> DATE |

| | | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 11000000136522 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY ST ZIP | PD STONE, LYNN 4700 N.W. 22ND STREET COCONUT CREEK, FL 33063 |
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| 04/28/04-80093-016 158.75 |
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| 12. I hereby certify that the information supplied in 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 607, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date: Day: Month: Year: |