
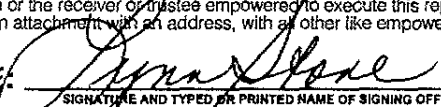


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # P02000055618		
1. Entity Name LYNN WELLNESS GROUP, INC.		
Principal Place of Business 4700 N.W. 22ND STREET COCONUT CREEK, FL 33063	Mailing Address 4700 N.W. 22ND STREET COCONUT CREEK, FL 33063	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent STONE, LYNN 4700 N.W. 22ND STREET COCONUT CREEK, FL 33063		DO NOT WRITE IN THIS SPACE
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 and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000509228 04/28/06-80037-004 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STONE, LYNN 4700 N.W. 22ND STREET COCONUT CREEK, FL 33063	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/10/06</u> Daytime Phone # _____



04102006 No Chg-P CR2E034 (11/05)

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