

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000089510

Entity Name: CPJ HOME WELLNESS INC.

FILED
Mar 19, 2005
Secretary of State

Current Principal Place of Business:

6652 US 1 SOUTH
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

6652 US 1 SOUTH
PORT ST. LUCIE, FL 34952

New Mailing Address:

FEI Number: 13-4207520

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBS, COBY J
637 SE RON RICO TERR.
PORT ST. LUCIE, FL 34983 US

Name and Address of New Registered Agent:

JACOBS, COBY J
2050 OLEANDER BLVD
E11-101
FORT PIERCE, FL 34950 US

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: COBY J JACOBS

03/19/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: JACOBS, COBY J
Address: 637 SE RON RICO TERR.
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: D () Delete
Name: JACOBS, COBY J
Address: 637 SE RON RICO TERR.
City-St-Zip: PORT ST. LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: JACOBS, COBY J
Address: 2050 OLEANDER BLVD E11-101
City-St-Zip: FORT PIERCE, FL 34950

Title: D (X) Change () Addition
Name: JACOBS, COBY J
Address: 2050 OLEANDER BLVD E11-101
City-St-Zip: FORT PIERCE, FL 34950

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: COBY J JACOBS

D

03/19/2005

Electronic Signature of Signing Officer or Director

Date