

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000043154

FILED  
Apr 22, 2005  
Secretary of State

Entity Name: WHOLE HEALTH MESSAGE AND WELLNESS INC

## Current Principal Place of Business:

378 CENTERPOINT CIRCLE  
1272  
ALTAMONTE SPRINGS, FL 32701

## New Principal Place of Business:

110 NORTH ORLANDO AVE  
14  
MAITLAND, FL 32751

## Current Mailing Address:

495 HOWARD AVE  
LONGWOOD, FL 32750

## New Mailing Address:

FEI Number: 02-0688261

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NINA, WARSHAW  
11912 NW 2ND COURT  
CORAL SPRINGS, FL 33071 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: PRES ( ) Delete  
Name: WHOLE HEALTH MESSAGE, AND WELLNESS, INC.  
Address: 378 CENTERPOINTE CIRCLE #1272  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: WHOLE HEALTH MESSAGE, AND WELLNESS, INC.  
Address: 110 NORTH ORLANDO AVE  
City-St-Zip: MAITLAND, FL 32751

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: JOE ANTRIM

PRES

04/22/2005

Electronic Signature of Signing Officer or Director

Date