2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# P03000043154

Entity Name: WHOLE HEALTH MASSAGE AND WELLNESS INC

Current Principal Place of Business:

110 NORTH ORLANDO AVE
14
MAITLAND, FL 32751

New Principal Place of Business:

2009 LONGWOOD LAKE MARY RD
1001
LONGWOOD, FL 32750

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 MASSAGE, AND WELLNESS, INC.
Address: 110 NORTH ORLANDO AVE
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: WHOLE HEALTH MASSAGE, AND WELLNESS, INC.
Address: 495 HOWARD AVE
City-St-Zip: LLONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JOEY ANTRIM PRES 04/27/2006

Electronic Signature of Signing Officer or Director Date