

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000101775

FILED  
Mar 01, 2006  
Secretary of State

Entity Name: CENTRAL FLORIDA WELLNESS CENTER, INC.

## Current Principal Place of Business:

3249 S. JOHN YOUNG PKWY  
KISSIMMEE, FL 34746

## New Principal Place of Business:

## Current Mailing Address:

3249 S. JOHN YOUNG PKWY  
KISSIMMEE, FL 34746

## New Mailing Address:

FEI Number: 20-0229848

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DUBRANOVSKY, NATALY  
21142 NE 31 PL  
AVENTURA, FL 33180 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: P ( ) Delete  
Name: KALYUZHNY, ARKADY  
Address: 2775 EAST 12TH STREET, #606  
City-St-Zip: BROOKLYN, NY 11235

Title: V ( ) Delete  
Name: KALYUZHNY, ANNA  
Address: 1230 AVENUE X, #1J  
City-St-Zip: BROOKLYN, NY 11235

Title: T ( ) Delete  
Name: DUBRANOVSKY, NATALY  
Address: 21142 NE 31 PL  
City-St-Zip: AVENTURA, FL 33180

Title: S ( ) Delete  
Name: PRESMAN, GENE  
Address: 201 B 11 STREET  
City-St-Zip: PALISADES PARK, NJ 07650

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: KALYUZHNY, ROMAN  
Address: 1230 AVENUE X, #1J  
City-St-Zip: BROOKLYN, NY 11235

Title: T (X) Change ( ) Addition  
Name: FELIX, FILENGER  
Address: 21142 NE 31 PL  
City-St-Zip: AVENTURA, FL 33180

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ARKADY KALYUZHNY

P

03/01/2006

Electronic Signature of Signing Officer or Director

Date