

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000111007

FILED
Apr 18, 2006
Secretary of State

Entity Name: WELLNESS HEALTH CENTERS CORP.

Current Principal Place of Business:

3370 SE FEDERAL HWY
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

1512 SE VILLAGE GREEN DR.
PORT ST. LUCIE, FL 34952

New Mailing Address:

FEI Number: 36-4540458

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNEIDER, BRIAN
103 SW 3RD AVE
OKEECHOBEE, FL 34974 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: SCHNEIDER, BRIAN
Address: 103 SW 3RD AVE
City-St-Zip: OKEECHOBEE, FL 34974

Title: VP () Delete
Name: D'APOLITO, STACY
Address: 1603 SW LOCKS RD.
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: D'APOLITO, STACY
Address: 1603 SW LOCKS RD.
City-St-Zip: STUART, FL 34997

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: STACY D'APOLITO

VP

04/18/2006

Electronic Signature of Signing Officer or Director

Date