

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000128416

Entity Name: PRO-ACTIVE WELLNESS, INC.

FILED
May 22, 2006
Secretary of State

Current Principal Place of Business:

3161 SOUTH OCEAN DRIVE #605
HALLANDALE, FL 33009

New Principal Place of Business:

6545 NOVA DRIVE
DAVIE, FL 33317

Current Mailing Address:

6805 SW 12 STREET
PEMBROKE PINES, FL 33023

New Mailing Address:

6790 SW 10 STREET
PEMBROKE PINES, FL 33023

FEI Number: 81-0637416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FELIX, DOVAL A
6805 SW 12 STREET
PEMBROKE PINES, FL 33023 US

Name and Address of New Registered Agent:

FELIX, DOVAL A
6790 SW 10 STREET
PEMBROKE PINES, FL 33023 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:

05/22/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: DOVAL, FELIX
Address: 3161 SOUTH OCEAN DRIVE #605
City-St-Zip: HALLANDALE, FL 33009

Title: VD () Delete
Name: DOVAL, FELIX
Address: 3161 SOUTH OCEAN DRIVE #605
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: DOVAL, FELIX
Address: 6790 SW 10 STREET
City-St-Zip: PEMBROKE PINES, FL 33023

Title: VD (X) Change () Addition
Name: DOVAL, FELIX
Address: 6790 SW 10 STREET
City-St-Zip: PEMBROKE PINES, FL 33023

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: FELIX DOVAL

PST

05/22/2006

Electronic Signature of Signing Officer or Director

Date