

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000023272

**FILED**  
**Jun 01, 2005**  
**Secretary of State**

**Entity Name:** BACK TO EDEN HOLISTIC & WELLNESS MANAGEMENT, INC.

**Current Principal Place of Business:**

3604 SW 14 ST STE A  
FT LAUDERDALE, FL 333123565

**New Principal Place of Business:**

5975 WEST SUNRISE BLVD  
208B  
SUNRISE, FL 33313 US

**Current Mailing Address:**

3604 SW 14 ST STE A  
FT LAUDERDALE, FL 333123565

**New Mailing Address:**

PO BOX 120656  
FT LAUDERDALE, FL 33312 US

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DYKES, PATRICIA  
3604 SW 14 ST STE A  
FT LAUDERDALE, FL 333123565 US

**Name and Address of New Registered Agent:**

DYKES, PATRICIA  
5975 WEST SUNRISE BLVD  
208B  
SUNRISE, FL 33313 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:

Electronic Signature of Registered Agent

06/01/2005

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: P ( ) Delete  
Name: DYKES, PATRICIA  
Address: 3604 SW 14 ST STE A  
City-St-Zip: FT LAUDERDALE, FL 333123565

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: DYKES, PATRICIA  
Address: 5975 WEST SUNRISE BLVD / 208B  
City-St-Zip: SUNRISE, FL 33313 US

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: PATRICIA DYKES

P

06/01/2005

Electronic Signature of Signing Officer or Director

Date