2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006
Secretary of State

DOCUMENT# P04000068511

Entity Name: LONGLIFE WELLNESS CENTERS, INC.

Current Principal Place of Business:

3115 PROVIDENCE ROAD
LAKELAND, FL 33805

New Principal Place of Business:

13811 VICTOR AVENUE
HUDSON, FL 34667

Current Mailing Address:

P.O. BOX 7140
HUDSON, FL 34674

New Mailing Address:

FEI Number: 20-1045839 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KENNEDY, MONIQUE N
13811 VICTOR AVENUE
HUDSON, FL 34667 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: KENNEDY, MONIQUE N
Address: 3115 PROVIDENCE ROAD
City-St-Zip: LAKELAND, FL 33805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: KENNEDY, MONIQUE N
Address: 13811 VICTOR AVENUE
City-St-Zip: HUDSON, FL 34667

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: MONIQUE KENNEDY P 02/23/2006

Electronic Signature of Signing Officer or Director — Date