

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000068511

FILED  
May 10, 2007  
Secretary of State

Entity Name: LONGLIFE WELLNESS CENTERS, INC.

## Current Principal Place of Business:

13811 VICTOR AVENUE  
HUDSON, FL 34667

## New Principal Place of Business:

5117 MEMORIAL HWY  
TAMPA, FL 33634

## Current Mailing Address:

P.O. BOX 7140  
HUDSON, FL 34674

## New Mailing Address:

5517 MEMORIAL HWY  
TAMPA, FL 33634

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:

FLANDERS, DIANE  
5117 MEMORIAL HWY  
TAMPA, FL 33634 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: DIANE FLANDERS

05/10/2007

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: C ( ) Change (X) Addition  
Name: FLANDERS, DIANE  
Address: 5117 MEMORIAL HWY  
City-St-Zip: TAMPA, FL 33634

I hereby certify that the information supplied with this filing does not qualify 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: DIANE FLANDERS

C

05/10/2007

Electronic Signature of Signing Officer or Director

Date