

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000072137

FILED
Mar 24, 2008
Secretary of State

Entity Name: WELL BEING SCIENCES AMERICA, INC.

Current Principal Place of Business:

3741 S.W. KASIN STREET
PORT SAINT LUCIE, FL 34953 US

New Principal Place of Business:

Current Mailing Address:

3741 S.W. KASIN STREET
PORT SAINT LUCIE, FL 34953 US

New Mailing Address:

FEI Number: 81-0649123 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUPPENS, MARC S
3741 S.W. KASIN STREET
PORT SAINT LUCIE, FL 34953 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: O'GRADY, TANYA
Address: 8764 W. 86TH AVENUE
City-St-Zip: ARVADA, CO 80005

Title: VST () Delete
Name: LUPPENS, MARC S
Address: 3741 S.W. KASIN STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: O'GRADY, TANYA
Address: 8764 W. 86TH AVENUE
City-St-Zip: ARVADA, CO 80005 US

Title: VST (X) Change () Addition
Name: LUPPENS, MARC S
Address: 3741 S.W. KASIN STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: V () Change (X) Addition
Name: STEPHEN, QUINN
Address: 138 MAPLE STREET
City-St-Zip: CROTON-ON-HUDSON, NY 10520 US

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: MARC S. LUPPENS

VST

03/24/2008

Electronic Signature of Signing Officer or Director

_____ Date