

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000097344

FILED
Apr 23, 2007
Secretary of State

Entity Name: CENTER FOR HEALTH & WELLNESS, INC

Current Principal Place of Business:

P O BOX 120550
CLERMONT, FL 34712 US

New Principal Place of Business:

2105 HARTWOOD MARSH RD
CLERMONT, FL 34711 US

Current Mailing Address:

PO BOX 120550
CLERMONT, FL 34712 US

New Mailing Address:

FEI Number: 20-1300987 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAKOB, KEVIN E JR
316 LOBEILA DR
DAVENPORT, FL 33837 US

Name and Address of New Registered Agent:

JAKOB, KEVIN E JR
3986 DERBY GLEN DR
CLERMONT, FL 34711 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:

04/23/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JAKOB, KEVIN E JR.
Address: PO BOX 120550
City-St-Zip: CLERMONT, FL 34712 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: KEVIN JAKOB

P

04/23/2007

Electronic Signature of Signing Officer or Director

Date