2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005
Secretary of State

DOCUMENT# P04000102819

Entity Name: CHOICE WELLNESS, INC.

Current Principal Place of Business:

1231 SECOND STREET
SARASOTA, FL 34236 US

New Principal Place of Business:

Current Mailing Address:

1221 N. PALM AVE.
201
SARASOTA, FL 34236 US

New Mailing Address:

FEI Number: 20-1357201 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAMS, LAURIE B ESQ
2815 PROCTOR ROAD
SARASOTA, FL 34231 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'NEILL, KEITH
Address: 1221 N. PALM AVE., #201
City-St-Zip: SARASOTA, FL 34236 US

Title: VP ( ) Delete
Name: O'NEILL, KIMBERLY J
Address: 1221 N. PALM AVE., #201
City-St-Zip: SARASOTA, FL 34236 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: KEITH O'NEILL PRES 03/28/2005

Electronic Signature of Signing Officer or Director Date