

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000146045

FILED  
Mar 31, 2007  
Secretary of State

Entity Name: WELLNESS DYNAMICS GROUP, INC.

**Current Principal Place of Business:**

4403 FUSCHIA CIRCLE NORTH  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

4403 FUSCHIA CIRCLE NORTH  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

FEI Number: 20-2825720

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NELSON, COLLEN  
120 NORTH US HWY ONE STE 200  
TEQUESTA, FL 33469 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: DR. ( ) Delete  
Name: SLIDER, THOMAS  
Address: 4403 FUSCHIA CIRCLE NORTH  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**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: THOMAS SLIDER

PRES

03/31/2007

Electronic Signature of Signing Officer or Director

Date