2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005
Secretary of State

DOCUMENT# P04000149963

Entity Name: FAMILY WELLNESS & FITNESS CONSULTANTS, INC.

Current Principal Place of Business:

2800 S.W. 87TH AVE.
UNIT 1112
DAVIE, FL 33328

New Principal Place of Business:

13488 NW 6TH DR.
PLANTATION, FL 33325

Current Mailing Address:

2800 S.W. 87TH AVE.
UNIT 1112
DAVIE, FL 33328

New Mailing Address:

13488 NW 6TH DR.
PLANTATION, FL 33325

FEI Number: 20-1982208 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEA, JUSTIN M
2800 S.W. 87TH AVE.
UNIT 1112
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

HEA, JUSTIN M
13488 NW 6TH DR.
PLANTATION, FL 33325 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: _____ 03/29/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D,P ( ) Delete
Name: HEA, JUSTIN M
Address: 2800 S.W. 87TH AVE., UNIT 1112
City-St-Zip: DAVIE, FL 33328

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 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: JUSTIN M HEA D,P 03/29/2005
Electronic Signature of Signing Officer or Director — Date