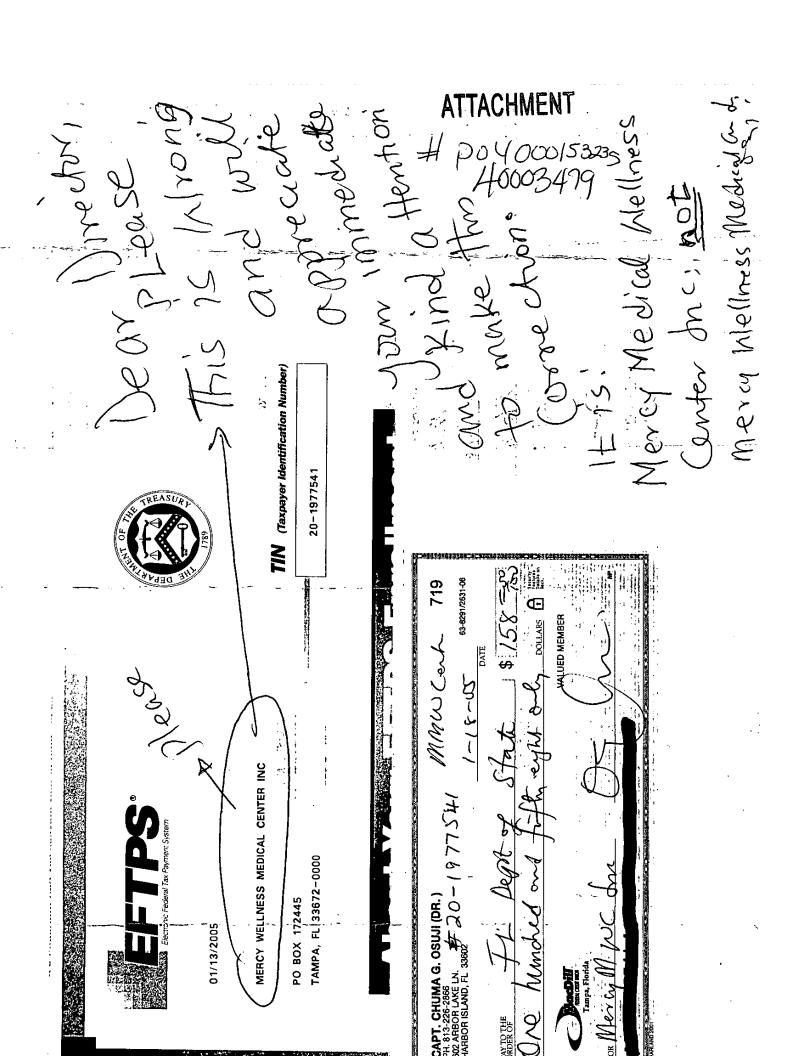
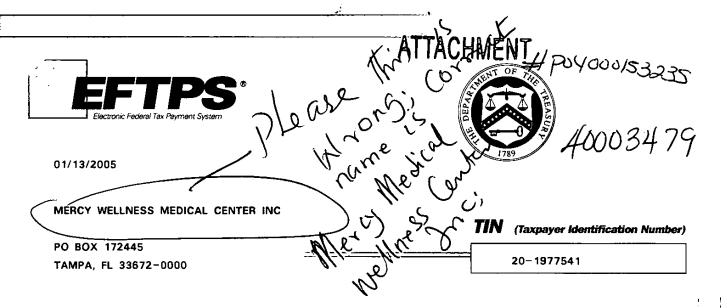
## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

## **FILED** Jan 20, 2005 8:00 am Secretary of State

1. Entity Nam	ne	# P040001 . WELLNESS C			•- •-			•	01-20-2003	5 90024 (	022 ***15	8.00
Principal Place of Business 602 ARBOR LAKE LANE TAMPA, FL 33602				Mailing Address 602 ARBOR LAKE LANE TAMPA, FL 33602				40003479				
2. Principal Place of Business			3.	3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01182005	Chg-P	CR2E	034 (10/03)	
City & State				City & State			*********	4. FEI Numb	er 19715	41	<del> </del>	oplied For
Zip	Country			Zip	try			of Status Desired	×	\$8.75 Add	ditional	
6. Name and Address of Currer				l Registered Agent			7. Name and Address of New Registered Agent					
GIBSON OSUJI, CHUMA 602 ARBOR LAKE LANE TAMPA, FL 33602						Name Street Address (P.O. Box Number is Not Acceptable)						
							FL Zip Code .					ie
8. The above the obligation	named entit tions of regis	y submits this stateme lered agent.	nt for the p	urpose of changing it	s registere	ed office o	register	ed agent, or bo	th, in the State of	Florida. I an	n familiar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered	ageni and title	f applicable. (NO	TE: Registere	d Agent signat	ure required	when reinstating)		DATE		
		FEE IS \$150.00 5 Fee will be \$5	50.00	9. Election Campa Trust Fund Con	tribution.	ocing	\$5. Add	00 May Be ed to Fees				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	l	OSUJI, CHUMA OR LAKE LANE	IND DIREC	☐ Delete				ADDITIONS	CHANGES TO O	-FICERS AN	☐ Change	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			Sec. 240 602	PETARY CHIL SUIDA	TREON	OSU JI	Change • Ve	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	Addition
title Name Street address City-St-Zip				☐ Delete					-		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			$\bigcap$	Detete							☐ Change	Addition
of the cor	poration or th	e information supplied it or supplemental rep ne receiver or trustel, e a hmelit with an addre	ori is true a empowered	nd accurate and that I to execute this repor	my signat t as recuir	nption stat ure shall hed by Cha	ed in Sec ave the s pter 607	ction 119,07(3)( same legal effec , Florida Statule	i), Florida Statutes it as if made unde es; and that my na	t further ce r oath; that t me appears	ertify that the in am an officer in Block 10 or	iformation or director Block 11 if





## About Your EFTPS Enrollment

## Dear Taxpayer:

You were recently pre-enrolled in the Electronic Federal Tax Payment System (EFTPS) to make all your federal tax payments online or by phone.

According to our records...

You have not activated your enrollment yet. You can activate your enrollment by calling 1-800-555-3453 and supplying EFTPS with your bank account information and phone number. Please have your Employer Identification Number (EIN), EFTPS Personal Identification Number (PIN received previously by a separate mailing), and bank account information handy when you call.

It's important that you activate your enrollment as soon as possible so you can begin making your payments through EFTPS. Once you begin using EFTPS, you will see how convenient, easy, and fast it is to make a federal tax payment online or by phone. Plus, you will receive an immediate acknowledgement number for every transaction which acts as a receipt for your records.

If you have any questions or need assistance, please call EFTPS Customer Service at 1-800-555-4477.

Thank You.

**EFTPS Enrollment Processing**