2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000165567

1. Entity Name
WELLNESS SYSTEMS OF TAMPA BAY, INC.

Principal Place of Business	Mailing Address
12708 BARRETT DR TAMPA, FL 33624	12708 BARRETT DR TAMPA, FL 33624

DO NOT WRITE IN THIS SPACE

01292007   No Chg-P   CR2E034 (11/05)

4. FEI Number 42-1653976	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHUMACHER, JOHN L
12708 BARRETT DR
TAMPA, FL 33624

DO NOT WRITE
IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

U00000713519
04/26/07-00093-008 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHUMACHER, JOHN L
STREET ADDRESS	12708 BARRETT DR
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	ST
NAME	SCHUMACHER, BARBARA A
STREET ADDRESS	12708 BARRETT DR
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   4-4-07   (813)265-9696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #