2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006
Secretary of State

DOCUMENT# P04000166142

Entity Name: PRO-ACTIVE WELLNESS II, INC.

Current Principal Place of Business:

6545 NOVA DRIVE
SUITE 208
DAVIE, FL 33317

New Principal Place of Business:

Current Mailing Address:

6805 SW 12TH STREET
PEMBROKE PINES, FL 33023

New Mailing Address:

6790 SW 10 STREET
PEMBROKE PINES, FL 33023

FEI Number: 59-3791949 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOVAL, FELIX A
6805 SW 12TH STREET
PEMBROKE PINES, FL 33023 US

Name and Address of New Registered Agent:

DOVAL, FELIX A
6790 SW 10 STREET
PEMBROKE PINES, FL 33023 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: 05/22/2006
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DOVAL, FELIX A
Address: 6805 SW 12TH STREET
City-St-Zip: PEMBROKE PINES, FL 33023

Title: D ( ) Delete
Name: LOPEZ, MICHELE
Address: 6805 SW 12TH STREET
City-St-Zip: PEMBROKE PINES, FL 33023

Title: D ( ) Delete
Name: SMITH, MARK
Address: 2613 SW 65TH AVE
City-St-Zip: MIRAMAR, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DOVAL, FELIX A
Address: 6790 SW 10 STREET
City-St-Zip: PEMBROKE PINES, FL 33023

Title: D (X) Change ( ) Addition
Name: LOPEZ, MICHELE
Address: 6790 SW 10TH STREET
City-St-Zip: PEMBROKE PINES, FL 33023

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: FELIX DOVAL PST 05/22/2006
Electronic Signature of Signing Officer or Director — Date