

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000020387

FILED
Mar 24, 2008
Secretary of State

Entity Name: HEALTH & WELLNESS ASSOCIATES, INC.

Current Principal Place of Business:

2500 HOLLYWOOD BLVD
SUITE 201
HOLLYWOOD, FL 33020 US

Current Mailing Address:

PO BOX 814385
HOLLYWOOD, FL 33081 US

New Principal Place of Business:

2500 HOLLYWOOD BLVD
SUITE 409
HOLLYWOOD, FL 33020 US

New Mailing Address:

FEI Number: 20-2313174 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FICARA, RUSSELL A
2500 HOLLYWOOD BLVD.
SUITE 201
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

FICARA, RUSSELL A
2500 HOLLYWOOD BLVD.
SUITE 409
HOLLYWOOD, FL 33020 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:

03/24/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FICARA, RUSSELL A
Address: 2500 HOLLYWOOD BLVD. , #201
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: VP () Delete
Name: BOWER, GERALDINE J
Address: 2500 HOLLYWOOD BLVD., #201
City-St-Zip: HOLLYWOOD, FL 33020 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FICARA, RUSSELL A
Address: 2500 HOLLYWOOD BLVD. , #409
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: VP (X) Change () Addition
Name: BOWER, GERALDINE J
Address: 2500 HOLLYWOOD BLVD., #409
City-St-Zip: HOLLYWOOD, FL 33020 US

I hereby certify that the information supplied with this filing does not qualify 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: RUSSELL FICARA

P

03/24/2008

Electronic Signature of Signing Officer or Director

Date