

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000020909

FILED
Apr 26, 2006
Secretary of State

Entity Name: HEALTH & WELLNESS FOUNDATION, INC.

Current Principal Place of Business:

599 S. YONGE ST.
ORMOND BEACH, FL 32174

New Principal Place of Business:

447 S NOVA RD
ORMOND BEACH, FL 32174

Current Mailing Address:

599 S. YONGE ST.
ORMOND BEACH, FL 32174

New Mailing Address:

447 S NOVA RD
ORMOND BEACH, FL 32174

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

IVEY, JILL
599 S. YONGE ST.
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

CUNNINGHAM, KIMBERELY
447 S NOVA RD.
ORMOND BEACH, FL 32174 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: KIMBERELY CUNNINGHAM

04/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BUTLER, JOHNNA S
Address: 599 S. YONGE ST
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP () Delete
Name: BUTLER, RAY K
Address: 599 S. YONGE ST
City-St-Zip: ORMOND BEACH, FL 32174

Title: SEC () Delete
Name: IVEY, JILL S
Address: 599 S. YONGE ST
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BUTLER, JOHNNA S
Address: 447 S NOVA RD.
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP (X) Change () Addition
Name: BUTLER, RAY K
Address: 447 S NOVA RD.
City-St-Zip: ORMOND BEACH, FL 32174

Title: SEC (X) Change () Addition
Name: CUNNINGHAM, KIMBERELY
Address: 447 S NOVA RD.
City-St-Zip: ORMOND BEACH, FL 32174

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: JOHNNA S. BUTLER

PRES

04/26/2006

Electronic Signature of Signing Officer or Director

Date