

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000057912

FILED
Apr 27, 2006
Secretary of State

Entity Name: C & G WELLNESS CENTER CORPORATION

Current Principal Place of Business:

4063 NORTH GOLDENROD ROAD
SUITE 209
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

4063 NORTH GOLDENROD ROAD
SUITE 209
WINTER PARK, FL 32792

New Mailing Address:

FEI Number: 20-2701313 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINEDA, GLORIA A
9994 BENNINGTON CHASE DRIVE
ORLANDO, FL 32829 US

Name and Address of New Registered Agent:

PINEDA, GLORIA A
4063 NORTH GOLDENROD ROAD
SUITE 209
WINTER PARK, FL 32792 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: GLORIA A. PINEDA

04/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: IRIZARRY, CESAR O
Address: 9994 BENNINGTON CHASE DRIVE
City-St-Zip: ORLANDO, FL 32829

Title: P () Delete
Name: PINEDA, GLORIA A
Address: 9994 BENNINGTON CHASE DRIVE
City-St-Zip: ORLANDO, FL 32829

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: IRIZARRY, CESAR O
Address: 4063 NORTH GOLDENROD ROAD STE. 209
City-St-Zip: WINTER PARK, FL 32792

Title: P (X) Change () Addition
Name: PINEDA, GLORIA A
Address: 4063 NORTH GOLDENROD ROAD STE. 209
City-St-Zip: WINTER PARK, FL 32792

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: CESAR O. IRIZARRY

T

04/27/2006

Electronic Signature of Signing Officer or Director

Date