2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007
Secretary of State

DOCUMENT# P05000061788

Entity Name: WELLNESS BY MASSAGE 1, INC.

Current Principal Place of Business:

9501 FONTAINBLEAU BLVD APT 3-14
MIAMI, FL 33172

New Principal Place of Business:

9411 FONTAINBLEAU BLVD APT 205
MIAMI, FL 33172

Current Mailing Address:

9501 FONTAINBLEAU BLVD APT 3-14
MIAMI, FL 33172

New Mailing Address:

9411 FONTAINBLEAU BLVD APT 205
MIAMI, FL 33172

FEI Number: 20-2767444 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BORGES, MARLON
9501 FONTAINBLEAU BLVD APT 3-14
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

BORGES, MARLON
9411 FONTAINBLEAU BLVD APT 205
MIAMI, FL 33172 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: MARLON 01/05/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BORGES, MARLON
Address: 9501 FONTAINBLEAU BLVD APT 3-14
City-St-Zip: MIAMI, FL 33172

Title: VS ( ) Delete
Name: CARRALERO, ALEXANDER
Address: 9501 FONTAINBLEAU BLVD APT 3-14
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BORGES, MARLON
Address: 9411 FONTAINBLEAU BLVD APT 205
City-St-Zip: MIAMI, FL 33172

Title: VS (X) Change ( ) Addition
Name: CARRALERO, ALEXANDER
Address: 9411 FONTAINBLEAU BLVD APT 205
City-St-Zip: MIAMI, FL 33172

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: MARLON P 01/05/2007
Electronic Signature of Signing Officer or Director Date