

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2006 8:00 am
Secretary of State

06-23-2006 90008 012 ***150.00

DOCUMENT # P05000119634					
1. Entity Name LIVINGWELLUSAINC.					
Principal Place of Business 11805 N. ISLAND RD. COOPER CITY, FL 33026			Mailing Address 11805 N. ISLAND RD. COOPER CITY, FL 33026		
2. Principal Place of Business 5722 S. Flamingo Rd. Suite, Apt. #, etc. Suite 286 City & State Cooper City, FL Zip 33330 Country USA		3. Mailing Address 5722 S. Flamingo Rd. Suite, Apt. #, etc. Suite 286 City & State Cooper City, FL Zip 33330 Country USA		400956100 	
06202006 Chg-P CR2E034 (11/05)				4. FEI Number 30-0332093	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR., SUITE 4 WESTON, FL 33331			7. Name and Address of New Registered Agent Name: Sarah Sterling Street Address (P.O. Box Number is Not Acceptable): 5722 S. Flamingo Rd. Suite 286 City: Cooper City, FL Zip Code: 33330		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: DATE: _____ <small>(NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST STERLING, SARAH 11805 N. ISLAND RD. COOPER CITY, FL 33026	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sterling, Sarah 5722 S. Flamingo Rd, Suite 286. Cooper City, FL 33330	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date: _____ Daytime Phone #: _____					