

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000132761

FILED
Apr 05, 2006
Secretary of State

Entity Name: WOMEN, WELLNESS, WISDOM ,INC.

Current Principal Place of Business:

2800 E COMMERCIAL BLVD
STE # 210
FT LAUDERDALE, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

5221 NE 19 AVE
FT LAUDERDALE, FL 33308 US

New Mailing Address:

FEI Number: 20-3544539 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALLSON, LAUREY
5221 NE 19 AVE
FT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: HALLSON, LAUREY
Address: 2800 E COMMERCIAL BLVD STE # 210
City-St-Zip: FT LAUDERDALE, FL 33308 US

Title: D () Delete
Name: HALLSON, LAUREY
Address: 2800 E COMMERCIAL BLVD STE # 210
City-St-Zip: FT LAUDERDALE, FL 33308 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MALAT, JAN MD
Address: 2800 E COMMERCIAL BLVD STE # 210
City-St-Zip: FT LAUDERDALE, FL 33308 US

Title: O () Change (X) Addition
Name: POMPL, RENATA MS
Address: 2800 E COMMERCIAL BLVD #210
City-St-Zip: FT LAUDERDALE, FL 33308 US

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: LAUREY HALLSON, MD

PVST

04/05/2006

Electronic Signature of Signing Officer or Director

Date