

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000145463

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: SENIOR WELLNESS INC

**Current Principal Place of Business:**

447 S NOVA RD  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

**Current Mailing Address:**

447 S NOVA RD  
ORMOND BEACH, FL 32174 US

**New Mailing Address:**

FEI Number: 20-3727244      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

IVEY, JILL S  
447 S NOVA RD  
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

CUNNINGHAM, KIMBERLY G  
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: KIMBERLY G CUNNINGHAM

04/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: BUTLER, JOHNNA S  
Address: 447 S NOVA RD  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: S ( ) Delete  
Name: CUNNINGHAM, KIMBERLY G  
Address: 447 S NOVA RD  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: T ( ) Delete  
Name: BEST-HAWLEY, AMBER M  
Address: 447 S NOVA RD  
City-St-Zip: ORMOND BEACH, FL 32174 US

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: P ( ) Change (X) Addition  
Name: IVEY, JILL S  
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: JILL S IVEY

P

04/26/2006

Electronic Signature of Signing Officer or Director

Date