

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000151911

FILED
Jul 30, 2006
Secretary of State

Entity Name: WELLNESS HEALTH ASSOCIATES, INC.

Current Principal Place of Business:

P.O. BOX 680907
ORLANDO, FL 328680907

New Principal Place of Business:

9521 S. ORANGE BLOSSOM TRAIL, STE 102
ORLANDO, FL 32837

Current Mailing Address:

P.O. BOX 680907
ORLANDO, FL 328680907

New Mailing Address:

2231 AITKIN LOOP
LEESBURG, FL 34748

FEI Number: 20-3822309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOISE, PIERRE C
2231 AITKIN LOOP
LEESBURG, FL 34748 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOISE, NIKENSTON
Address: 2231 AITKIN LOOP
City-St-Zip: LEESBURG, FL 328680907

Title: VP () Delete
Name: ADEE, RONALD
Address: P.O. BOX 680907
City-St-Zip: ORLANDO, FL 328680907

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WEST, RODNEY A
Address: PO BOX 680907
City-St-Zip: ORLANDO, FL 32868

Title: STD (X) Change () Addition
Name: ADEE, RONALD
Address: P.O. BOX 680907
City-St-Zip: ORLANDO, FL 328680907

Title: SD () Change (X) Addition
Name: BAPTISTE, MARC A
Address: PO BOX 680907
City-St-Zip: ORLANDO, FL 32868

Title: TD () Change (X) Addition
Name: MOISE, NIKENSTON
Address: 2231 AITKIN LOOP
City-St-Zip: LEESBURG, FL 34748

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: RODNEY A WEST DC

PD

07/30/2006

Electronic Signature of Signing Officer or Director

Date