2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2007
Secretary of State

DOCUMENT# P05000151911

Entity Name: WELLNESS HEALTH ASSOCIATES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

2231 AITKIN LOOP
LEESBURG, FL 34748

New Mailing Address:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: NIKENSTON MOISE P 01/07/2007

Electronic Signature of Signing Officer or Director — Date