2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000070668

FILED Jan 05, 2007 Secretary of State

Entity Name: HEALTH AND WELL-BEING THERAPY CENTER II, INCORPORATION

Current Principal Place of Business: New Principal Place of Business:

3303 W. COLUMBUS DR
TAMPA, FL 33607

3303 W. COLUMBUS DR
TAMPA, FL 33607

US

Current Mailing Address: New Mailing Address:

3303 W. COLUMBUS DR 3303 W. COLUMBUS DR TAMPA, FL 33607 US

FEI Number: 20-4953856 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

RAMOS, MARIA A
8639 N. HIMES AVE
2818
TAMPA, FL 33614 US

RAMOS, MARIA A
3402 W. PINE ST
TAMPA, FL 33607 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: MARIA A. RAMOS 01/05/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 RAMOS, MARIA A
 Name:
 RAMOS, MARIA A

 Address:
 8639 N. HIMES #2818
 Address:
 3402 W. PINE ST

 City-St-Zip:
 TAMPA, FL 33614
 City-St-Zip:
 TAMPA, FL 33607 US

 Name:
 TORRES, BRENDA
 Name:
 TORRES, BRENDA

 Address:
 1952 CROWN PARK DR
 Address:
 3204 W. IVY ST.

 City-St-Zip:
 VALRICO, FL 33594
 City-St-Zip:
 TAMPA, FL 33607 US

Title: SEC () Delete Title: SEC (X) Change () Addition Name: ZELAYA-EUCEDA, ISIDRO Name: ZELAYA-EUCEDA, ISIDRO

Address: 3403 W. IVY ST Address: 3403 W. IVY ST

City-St-Zip: TAMPA, FL 33607 City-St-Zip: TAMPA, FL 33607 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: MARIA A. RAMOS P 01/05/2007