2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007
Secretary of State

DOCUMENT# P06000088456

Entity Name: WELLNESS SOLUTIONS HEALTH CARE INC.,

Current Principal Place of Business:

18179 NW 73 RD AVE
305
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

18179 NW 73 RD AV
305
MIAMI, FL 33015

New Mailing Address:

FEI Number: 87-0774635 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUTIEREZ, LUZ A
18179 NW 73 RD AVE
305
MIAMI, FL 33015 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: P ( ) Delete
Name: GUTIERREZ, LUZ A
Address: 18179 NW 73 RD AVE # 305
City-St-Zip: MIAMI, FL 33015

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP ( ) Change (X) Addition
Name: GUTIERREZ, LUZ S VICEPRE
Address: 18179 NW 73 RD AVE # 305
City-St-Zip: MIAMI, FL 33015

Title: SECR ( ) Change (X) Addition
Name: GUTIERREZ, KATHERIN A SECRE
Address: 18179 NW 73 RD AVE # 305
City-St-Zip: MIAMI, FL 33015

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: GUTIERREZ LUZ S VPRE 04/10/2007

Electronic Signature of Signing Officer or Director — Date