

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000088516

FILED
Feb 02, 2009
Secretary of State

Entity Name: THE WELLNESS GROUP INC.

Current Principal Place of Business:

13731 NW 20TH ST.
PEMBROKE PINES, FL 33028

New Principal Place of Business:

11042 BOSTON DRIVE
HOLLYWOOD, FL 33026

Current Mailing Address:

13731 NW 20TH ST.
PEMBROKE PINES, FL 33028

New Mailing Address:

11042 BOSTON DRIVE
HOLLYWOOD, FL 33026

FEI Number: 20-5145355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNEIDER, DEBRA L
13731 NW 20TH STREET
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

SCHNEIDER, DEBRA L
11042 BOSTON DRIVE
HOLLYWOOD, FL 33026 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: DEBRA SCHNEIDER

02/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCHNEIDER, DEBRA
Address: 13731 NW 20TH ST.
City-St-Zip: PEMBROKE PINES, FL 33028

Title: EV () Delete
Name: SCHNEIDER, FREDERICK
Address: 13731 NW 20TH ST.
City-St-Zip: PEMBROKE PINES, FL 33028

Title: CFO () Delete
Name: SCHNEIDER, FREDERICK
Address: 13731 NW 20TH ST.
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SCHNEIDER, DEBRA
Address: 11042 BOSTON DRIVE
City-St-Zip: HOLLYWOOD, FL 33026

Title: EV (X) Change () Addition
Name: SCHNEIDER, FREDERICK
Address: 11042 BOSTON DRIVE
City-St-Zip: HOLLYWOOD, FL 33026

Title: CFO (X) Change () Addition
Name: SCHNEIDER, FREDERICK
Address: 11042 BOSTON DRIVE
City-St-Zip: HOLLYWOOD, FL 33026

I hereby certify that the information supplied with this filing does not qualify 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: DEBRA SCHNEIDER

P

02/02/2009

Electronic Signature of Signing Officer or Director

Date