2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007
Secretary of State

DOCUMENT# P06000128889

Entity Name: HEALTH & WELLNESS PROVIDERS INC

Current Principal Place of Business:

3301 NE 5ST #1112
MIAMI, FL 33137

New Principal Place of Business:

690 SW 1 CT
#1512
MIAMI, FL 33130

Current Mailing Address:

3301 NE 5ST #1112
MIAMI, FL 33137

New Mailing Address:

690 SW 1 CT
#1512
MIAMI, FL 33130

FEI Number: 20-5708227 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALFONSO, ALFONSO
3301 NE 5ST #1112
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

ALFONSO, ALFONSO
690 SW 1 CT
#1512
MIAMI, FL 33130 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: ALFONSO ALFONSO 01/18/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: ALFONSO, ALFONSO
Address: 3301 NE 5ST #1112
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ALFONSO, ALFONSO
Address: 690 SW 1 CT
City-St-Zip: MIAMI, FL 33130

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: ALFONSO ALFONSO P 01/18/2007
Electronic Signature of Signing Officer or Director Date