2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 28, 2008
Secretary of State

DOCUMENT# P07000072725

Entity Name: WELLNESS BUILDING BLOCKS RESEARCH, INC.

Current Principal Place of Business:

1350 SW 57 AVE., #102
WEST MIAMI, FL 33144

New Principal Place of Business:

1350 SW 57 AVE., #101
MIAMI, FL 33144

Current Mailing Address:

1350 SW 57 AVE., #102
WEST MIAMI, FL 33144

New Mailing Address:

1350 SW 57 AVE., #101
WEST MIAMI, FL 33144

FEI Number: 26-0403228 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KOMMERS, GARY
1350 SW 57 AVE., #102
WEST MIAMI, FL 33144 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: GARY KOMMERS
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KOMMERS, GARY
Address: 1350 SW 57 AVE., #102
City-St-Zip: WEST MIAMI, FL 33144

Title: V ( ) Delete
Name: KOMMERS, ELAINE
Address: 1350 SW 57 AVE., #102
City-St-Zip: WEST MIAMI, FL 33144

Title: ST ( ) Delete
Name: SCHNEIDER, TAMMY
Address: 1350 SW 57 AVE., #102
City-St-Zip: WEST MIAMI, FL 33144

Title: D ( ) Delete
Name: KOMMERS, DAVID
Address: 1350 SW 57 AVE., #102
City-St-Zip: WEST MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: ELAINE KOMMERS V 10/28/2008
Electronic Signature of Signing Officer or Director Date