# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 07, 2004**
**Secretary of State**

DOCUMENT# P93000049155

**Entity Name:** INTEGRATED WELLNESS SYSTEMS, INC.

**Current Principal Place of Business:**

501 E TENNESSEE STREET
SUITE B
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

501 E TENNESSEE STREET
SUITE B
TALLAHASSEE, FL 32308

**New Mailing Address:**

**FEI Number: 59-3212940** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

LEVINE, MARK S
245 EAST VIRGINIA STREET
TALLAHASSEE, FL 32301 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 (X).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: GAUDINO, JOSEPHY P
Address: 501 E TENNESSEE STREET STE B
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: GAUDINO, JOSEPH P
Address: 501 E TENNESSEE STREET STE B
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOSEPH GAUDINO PRES 01/07/2004

Electronic Signature of Signing Officer or Director Date