2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000087335

Entity Name: WELLNESS PATHWAYS, INC.

FILED Apr 12, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

1544 NW 182 AVE 6745 CARLYLE LANE

PEMBROKE PINES, FL 33029 US SARASOTA, FL 34243 US

Current Mailing Address: New Mailing Address:

1544 NW 182 AVE 6745 CARLYLE LANE

PEMBROKE PINES, FL 33029 US SARASOTA, FL 34243 US

FEI Number: 65-0456784 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WINGERTER, NANCY L
WINGERTER, NANCY L
1544 NW 182 AVE
6745 CARLYLE LANE

PEMBROKE PINES, FL 33029 US SARASOTA, FL 34243 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: 04/12/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

() Delete Title: P (X) Change () Addition

 Name:
 WINGERTER, NANCY L
 Name:
 WINGERTER, NANCY L

 Address:
 1544 NW 182 AVE
 Address:
 6745 CARLYLE LANE

 City-St-Zip:
 PEMBROKE PINES, FL 33029
 City-St-Zip:
 SARASOTA, FL 34243

Title: D () Delete Title: D (X) Change () Addition

 Name:
 WINGERTER, ROGER A
 Name:
 WINGERTER, ROGER A

 Address:
 1544 NW 182 AVE
 Address:
 6745 CARLYLE LANE

 City-St-Zip:
 PEMBROKE PINES, FL 33029
 City-St-Zip:
 SARASOTA, FL 34243

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: NANCY L. WINGERTER P 04/12/2005