

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000032861

FILED
Apr 19, 2007
Secretary of State

Entity Name: WELLWAY EXERCISE SALES AND SERVICE CORPORATION

Current Principal Place of Business:

7540 W. MCNAB RD.
#E-5
N. LAUDERDALE, FL 33068

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 772508
CORAL SPRINGS, FL 33077

New Mailing Address:

FEI Number: 74-2766052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, ARNOLD
7540 W MCNAB RD
E-5
N LAUDERDALE, FL 33068 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 ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: HENRY, CHRIS
Address: 7540 W. MCNAB RD. #E-5
City-St-Zip: N. LAUDERDALE, FL 33068

Title: DP () Delete
Name: DAVIS, ARNOLD
Address: P.O. BOX 772508
City-St-Zip: CORAL SPRINGS, FL 33077

Title: DST () Delete
Name: DAVIS, NANCY
Address: P.O. BOX 772508
City-St-Zip: CORAL SPRING, FL 33077

Title: D () Delete
Name: MACLEOD, RAYMOND
Address: 7540 W. MCNAB ROAD #E-5
City-St-Zip: N. LAUDERDALE, FL

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 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: ARNOLD DAVIS

DP

04/19/2007

Electronic Signature of Signing Officer or Director

Date