

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000049324

FILED
Jan 06, 2005
Secretary of State

Entity Name: FLORIDA WELLNESS CENTERS, INC.

Current Principal Place of Business:

2563 NW 42 AVE
COCONUT CREEK, FL 33066 US

New Principal Place of Business:

Current Mailing Address:

2563 NW 42 AVE
COCONUT CREEK, FL 33066 US

New Mailing Address:

FEI Number: 65-0595973

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCONNELL, MICHAEL
2563 NW 42 AVE
COCONUT CREEK, FL 33066 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: P () Delete
Name: MCCONNELL, MICHAEL
Address: 2653 NW 42 AVE
City-St-Zip: COCONUT CREEK, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCCONNELL, MICHAEL
Address: 2653 NW 42 AVE
City-St-Zip: COCONUT CREEK, FL 33066 US

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: MICHAEL MCCONNELL

P

01/06/2005

Electronic Signature of Signing Officer or Director

Date