

P95000051695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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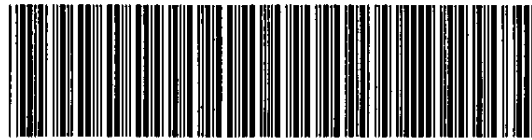
(Business Entity Name)

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TALLAHASSEE, FLORIDA

T. Roberts JAN 18 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ANIMAL WELLNESS, INC.
(Name of Corporation)

DOCUMENT NUMBER: P 95000051695

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEVEN L. SIMMONS
(Name of Person)

ANIMAL WELLNESS, INC.
(Name of Firm/Company)

10337 SOUTHERN BLVD
(Address)

ROYAL PALM BEACH FL 33411
(City/State and Zip Code)

For further information concerning this matter, please call:

STEVEN L. SIMMONS at (561) 790-3555
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

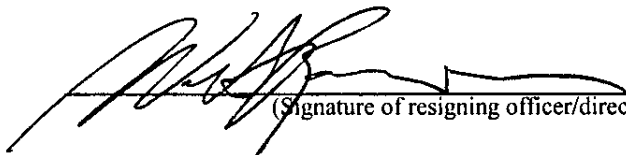
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, WELFORD D. RANSOME, DVM, hereby resign as PRESIDENT, SECRETARY, AND TREASURER
(Title)

of ANIMAL WELLNESS, INC.
(Name of Corporation)

P 95000051695, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314