

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P96000005246

**FILED**  
**Jul 21, 2006**  
**Secretary of State****Entity Name:** WHEALTH WATCHERS INTERNATIONAL, INC.**Current Principal Place of Business:**300 71ST ST  
STE 425  
MIAMI BEACH, FL 33141 US**New Principal Place of Business:****Current Mailing Address:**300 71ST ST  
STE 425  
MIAMI BEACH, FL 33141 US**New Mailing Address:****FEI Number:** 14-1735588 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**O'HIGGINS, MICHAEL B  
300 71ST STREET  
STE 425  
MIAMI BEACH, FL 33141 US**Name and Address of New Registered Agent:**O'HIGGINS, COLIN P  
300 71ST STREET  
STE 425  
MIAMI BEACH, FL 33141 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: COLIN P. O'HIGGINS

07/21/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: O'HIGGINS, MICHAEL B  
Address: 8855 COLLINS AVE., APT. 12-J  
City-St-Zip: SURFSIDE, FL 33154

Title: TS ( ) Delete  
Name: O'HIGGINS, DONNA B.  
Address: 8855 COLLINS AVE., APT. 12-J  
City-St-Zip: SURFSIDE, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TS (X) Change ( ) Addition  
Name: O'HIGGINS, SEAN D  
Address: 8855 COLLINS AVE., APT. 12-J  
City-St-Zip: SURFSIDE, FL 33154

Title: P ( ) Change (X) Addition  
Name: O'HIGGINS, COLIN P  
Address: 8855 COLLINS AVE., APT. 12-J  
City-St-Zip: SURFSIDE, FL 33154

Title: S ( ) Change (X) Addition  
Name: O'HIGGINS, DONNA B  
Address: 8855 COLLINS AVE., APT. 12-J  
City-St-Zip: SURFSIDE, FL 33154

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: COLIN P. O'HIGGINS

P

07/21/2006

Electronic Signature of Signing Officer or Director

Date