2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000023342

Entity Name: DIABETIC SUPPLY WELLNESS TEAM, INC.

FILED Feb 23, 2004 Secretary of State

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

75 NE SIXTH AVE 75 NE SIXTH AVE

STE 114 STE 114

DELRAY BCH, FL 334835453 US DELRAY BCH, FL 334835452 US

Current Mailing Address: New Mailing Address:

75 NE SIXTH AVENUE 75 NE SIXTH AVENUE

STE 114 STE 114

DELRAY BEACH, FL 334835453 DELRAY BEACH, FL 334835452 US

FEI Number: 65-0735431 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

BOROWSKY, EDWARD BOROWSKY, EDWARD 75 NE SIXTH AVENUE 75 NE SIXTH AVENUE STE 114 STE 114

DELRAY BEACH, FL 33483 US DELRAY BEACH, FL 334835452 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: EDWARD BOROWSKY 02/23/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete BOROWSKY, EDWARD BOROWSKY, EDWARD Name: Name: 5298 F EUROPA DRIVE 5298 F EUROPA DRIVE Address: Address:

City-St-Zip: BOYNTON BEACH, FL 334372141 City-St-Zip: BOYNTON BEACH, FL 334372141 US

Title: VS () Delete Title: () Change () Addition

Name: BEHRMAN, STEPHEN Name: 15351 STRATHERAN DRIVE APT 10302 Address: Address: City-St-Zip: DELRAY BEACH, FL 33446 City-St-Zip:

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: EDWARD BOROWSKY MR 02/23/2004