

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000027956

FILED  
Apr 27, 2007  
Secretary of State

**Entity Name:** EDUCATION AND WELLNESS CENTER, INC.

**Current Principal Place of Business:**

823 CYPRESS VILLAGE BLVD  
SUN CITY CENTER, FL 33573

**New Principal Place of Business:**

41 FOX MEADOW LANE  
LEXINGTON, VA 24450

**Current Mailing Address:**

823 CYPRESS VILLAGE BLVD  
SUN CITY CENTER, FL 33573

**New Mailing Address:**

FEI Number: 65-0746908

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LANESE & ASSOCIATES, INC.  
823 CYPRESS VILLAGE BLVD.  
SUN CITY CENTER, FL 33573 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: PRES ( ) Delete  
Name: COSLETT, KIMBERLY  
Address: 823 CYPRESS VILLAGE BLVD  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: VP ( ) Delete  
Name: COSLETT, CHRISTOPHER K  
Address: 823 CYPRESS VILLAGE BLVD  
City-St-Zip: SUN CITY CENTER, FL 33573

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

Title: PRES (X) Change ( ) Addition  
Name: COSLETT, KIMBERLY  
Address: 41 FOX MEADOW LANE  
City-St-Zip: LEXINGTON, VA 24450

Title: VP (X) Change ( ) Addition  
Name: COSLETT, CHRISTOPHER K  
Address: 41 FOX MEADOW LANE  
City-St-Zip: LEXINGTON, VA 24450

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTOPHER COSLETT

PRES

04/27/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date