

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