

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000050504

FILED  
Apr 13, 2006  
Secretary of State

Entity Name: WHOLESOME DIRECTIONS, INC.

## Current Principal Place of Business:

339 RACETRACK RD. NW  
SUITE 3  
FT. WALTON BEACH, FL 32547

## New Principal Place of Business:

## Current Mailing Address:

339 RACETRACK RD. NW  
SUITE 3  
FT. WALTON BEACH, FL 32547

## New Mailing Address:

FEI Number: 59-3449945

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARMICHAEL, ARLENE  
725 OSAGE DRIVE  
FT. WALTON BEACH, FL 32547 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: PO ( ) Delete  
Name: CARMICHAEL, ARLENE  
Address: 339 RACETRACK RD N.W. , SUITE 3  
City-St-Zip: FORT WALTON BEACH, FL 32547

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ARLENE CARMICHAEL

PO

04/13/2006

Electronic Signature of Signing Officer or Director

Date