


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P98000011655 1. Entity Name PATHWAY WELLNESS CENTRE, INC. |  |
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| Principal Place of Business 2747-A CAPITAL CIRCLE NE TALLAHASSEE FL 32308 | Mailing Address 2747-A CAPITAL CIRCLE NE TALLAHASSEE FL 32308 |
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|--------------------------------|---------------------|---|
| 2. Principal Place of Business | 3. Mailing Address | 4. FCI Number 59-3490866 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| City & State | City & State | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip | Country | Zip |
| Country | Country | |

1st MOORE CR2E034 (10/05)

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| 6. Name and Address of Current Registered Agent FARRAH, GENEVA B 2747-A CAPITAL CIRCLE NE TALLAHASSEE FL 32308 | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____ |
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD <input type="checkbox"/> Delete FARRAH, GENEVA B 6729 TIM TAM TRAIL TALLAHASSEE FL 32308 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add 000000393862 01/25/06-80038-010 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD <input type="checkbox"/> Delete FARRAH, LOUIS T 6729 TIM TAM TRAIL TALLAHASSEE FL 32308 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Louis T. Furrh 1-19-06 850-386-8282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #