

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000031389

**FILED**  
**Jan 10, 2006**  
**Secretary of State**

**Entity Name:** THE WELLNESS INSTITUTE, INC.

**Current Principal Place of Business:**

36555 U.S. HWY 19 NORTH  
PALM HARBOR, FL 34684

**New Principal Place of Business:**

3165 N MCMULLEN BOOTH RD.  
BLDG B  
CLEARWATER, FL 33761

**Current Mailing Address:**

36555 U.S. HWY 19 NORTH  
PALM HARBOR, FL 34684

**New Mailing Address:**

3165 N MCMULLEN BOOTH RD.  
BLDG B  
CLEARWATER, FL 33761

**FEI Number:** 59-3618019

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GARCIA, TRACY  
8664 LONGWOOD DR  
LARGO, FL 33777 US

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

GARCIA, TRACY  
3165 N MCMULLEN BOOTH RD.  
BLDG B  
CLEARWATER, FL 33761 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: TRACY GARCIA

01/10/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: GARCIA, TRACY  
Address: 36555 US HWY 19N  
City-St-Zip: PALM HARBOR, FL 34684

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

Title: PST (X) Change ( ) Addition  
Name: GARCIA, TRACY  
Address: 3165 N MCMULLEN BOOTH RD., BLDG B  
City-St-Zip: CLEARWATER, FL 33761

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: TRACY GARCIA

PST

01/10/2006

Electronic Signature of Signing Officer or Director

Date