

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000031389

FILED
May 21, 2007
Secretary of State

Entity Name: THE WELLNESS INSTITUTE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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 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

05/21/2007

Electronic Signature of Signing Officer or Director

Date