

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000059346

Entity Name: MEDICAL WELLNESS GROUP, INC.

FILED
May 15, 2005
Secretary of State

Current Principal Place of Business:

11911 US HWY ONE, SUITE 102
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

11911 US HWY ONE, SUITE 102
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 65-0930711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAHN, JEFFREY B
3300 UNIVERSITY DRIVE STE 711
CORAL SPRINGS, FL 33065 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: PV () Delete
Name: MCALEES, ALASTAIR
Address: 11911 US HWY ONE, SUITE 102
City-St-Zip: NORTH PALM BEACH, FL 33408

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 Section 119.07(3)(i), 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: ALASTAIR MCALEES

PV

05/15/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date