

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90164 007 ***150.00

DOCUMENT # P99000079227 1. Entity Name WELLNESS COMMUNICATIONS NETWORKS, INC.					
Principal Place of Business 2699 SEVILLE BLVD. #203 CLEARWATER, FL 33764			Mailing Address 2699 SEVILLE BLVD. #203 CLEARWATER, FL 33764		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2205 Greenhaven Dr. Suite, Apt. #, etc.			
City & State		City & State Sun City Center, FL			
Zip 33573	Country	Zip 33573		Country Hillsborough	
6. Name and Address of Current Registered Agent STILLSON, DONALD 2699 SEVILLE BLVD. #203 CLEARWATER, FL 33764			7. Name and Address of New Registered Agent Name Stillson, Donald Street Address (P.O. Box Number is Not Acceptable) 2205 Greenhaven Dr. City Sun City Center, FL Zip Code 33573		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARMORE, PATRICK 2913 WESTON TERRACE PALM HARBOR, FL 34685 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Barmore, Patrick 6550 Central Ave. St. Petersburg, FL 33707 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENDER, DAVID 329 BAYVIEW DRIVE NE ST. PETERSBURG, FL 33707 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Bender David 273 Belleair Dr., N.E. St. Petersburg, FL 33704 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STILLSON, DONALD 2699 SEVILLE BLVD. CLEARWATER, FL 33764 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Stillson, Donald 2205 Greenhaven Dr. Sun City Center, FL 33573 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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"/> Addition	
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"/> Addition	
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"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:			Donald D. Stillson Date 04-20-06 Daytime Phone # 727-224-4211		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					