


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000079227 1. Entity Name WELLNESS COMMUNICATIONS NETWORKS, INC.	
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Principal Place of Business 2205 GREENHAVEN DR SUN CITY CENTER, FL 33573	Mailing Address 2205 GREENHAVEN DR SUN CITY CENTER, FL 33573
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03242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1031257	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

STILLSON, DONALD
2205 GREEN HAVEN DR
SUN CITY CENTER, FL 33573

DO NOT WRITE IN THIS SPACE

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 Donald Stillson Secretary 03.24.08
Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARMORE, PATRICK 6550 CTRL AVE SAINT PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENDER, DAVID 3961 12TH ST. NE SAINT PETERSBURG, FL 337035219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STILLSON, DONALD 2205 GREEN HAVEN DR SUN CITY CENTER, FL 33573
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04/11/08-80035-008 150.00

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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 Stillson Donald Stillson 727. 224.4011 03.24.08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #