

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000079227

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: WELLNESS COMMUNICATIONS NETWORKS, INC.

## Current Principal Place of Business:

2205 GREENHAVEN DR  
SUN CITY CENTER, FL 33573

## New Principal Place of Business:

## Current Mailing Address:

2205 GREENHAVEN DR  
SUN CITY CENTER, FL 33573

## New Mailing Address:

FEI Number: 65-1031257

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BARMORE, PATRICK  
Address: 6550 CTRL AVE  
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: VP ( ) Delete  
Name: BENDER, DAVID  
Address: 3961 12TH ST. NE  
City-St-Zip: SAINT PETERSBURG, FL 337035219

Title: S ( ) Delete  
Name: STILLSON, DONALD  
Address: 2205 GREEN HAVEN DR  
City-St-Zip: SUN CITY CENTER, FL 33573

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BARMORE, PATRICK  
Address: 6527 CTRL AVE  
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: VP (X) Change ( ) Addition  
Name: BENDER, DAVID  
Address: 3961 12TH ST. NE  
City-St-Zip: SAINT PETERSBURG, FL 33703

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: DON D. STILLSON

S

04/28/2009

Electronic Signature of Signing Officer or Director

Date