

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000079227

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** WELLNESS COMMUNICATIONS NETWORKS, INC.

**Current Principal Place of Business:**

6527 CENTRAL AVE.  
ST.PETRERSBURG, FL 33710

**New Principal Place of Business:**

**Current Mailing Address:**

6527 CENTRAL AVE  
ST PETERSBURG, FL 33710

**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:**

BARMORE, PATRICK  
6527 CENTRAL AVE.  
ST PETERSBURG, FL 33710 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BARMORE, PATRICK  
Address: 6527 CTRL AVE  
City-St-Zip: SAINT PETERSBURG, FL 33710

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

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

I hereby 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 all other like empowered.

SIGNATURE: PATRICK BARMORE

P

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date