APPROVED PO10 1082 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99 00010 66 28 00 JUN 15 AM 9: 02 Wellness Development Corporation. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business P.O. Box 9017 64-90 FL 33771 3. Mailing Address 9017 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FE! Number largo Fl Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent David Bender Name 329 Bayview Dr. NE 5t. Papersbuy, Fl 33704 Street Address (P.O. Box Number is Not Acceptable) Zip Code FL 8. The above named epiny submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tak filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. prosident ☐ Change ☐ Addition David Bender ☐ Delete NAME 329 Bayview Dr. NE NAME 000003299000--4 -06/21/00--01055--019 STREET ADDRESS STREET ADDRESS St. Pele FL 33704 Vice Profile Patrick Barmore 2913 was ton Terrore CITY-ST-ZIP CITY-ST-ZIP \*\*\*\*150.00 \*\*\*\*150.00 Change Addition Delete TITLE ooooossaaaooo-NAME NAME -06/21/00--01055--020 STREET ADDRESS STREET ADDRESS \*\*\*\*\*\*8.75 \*\*\*\*\*8.75 Palm Jerbor FL 34685 CITY-ST-ZIP CITY-ST-ZIP Secretary Stillson ☐ Change TITLE ☐ Delete ☐ Addition TITLE NAME NAME 2699 Seville Blud. STREET ADDRESS STREET ADDRESS Clear water Fl 33767 Joel C. Thompson CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE 3 24 89th Ave. NE St. Pete, Fe 33 703 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify 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 strue and accurate and that my signature shall have the same legal effect as if made under eath; 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 11 or Block 12 if changed, or on an attachment with an address, with all other incomposered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 July 727 - 923 - 2270

Date Dating Phone #

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