
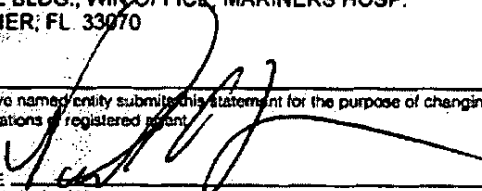
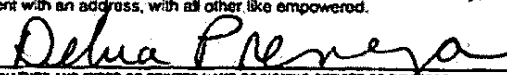


**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90083 049 \*\*\*\*61.25

**2007 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # N06000005296</b> 1. Entity Name <b>WELLNESS INTERFAITH NETWORK, INC.</b>					
Principal Place of Business <b>91500 OVERSEAS HIGHWAY          TAVERNIER, FL 33070</b>		Mailing Address <b>91500 OVERSEAS HIGHWAY          TAVERNIER, FL 33070</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>56-2583347</b>	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>FEESER, PAMELA REV.          91500 OVERSEAS HIGHWAY          TASSELL BLDG., WIN OFFICE, MARINERS HOSP.          TAVERNIER, FL 33070</b>				7. Name and Address of New Registered Agent Name <b>Rev. Dr. Pamela Feeser</b> Street Address (P.O. Box Number is Not Acceptable) <b>34 Prates Drive</b> City <b>Key Largo</b>	
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</small>		DATE <b>1-25-07</b>	
Filing Fee is <b>\$81.25</b> Due by <b>May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>GUSTAFSON, JAMES REV.          91500 OVERSEAS HIGHWAY          TAVERNIER, FL 33070</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Mo Schrieder          734 Largo Rd.          Key Largo, FL 33037</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CUNNINGHAM, MICHAEL          AHEC, 9713 OH          MARATHON, FL 33050</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Nancy Vinken          91500 Overseas Hwy          Tavernier, FL 33070</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PREMAZA, DEBBIE          99198 OVERSEAS HIGHWAY          TAVERNIER, FL 33070</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Ana Cobiella-Olson          99181 OH, Unit A-41          Islamorada, FL 33036</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ANDERSON, JIMMY          ROTH BLDG., 50 HIGH POINT RD.          TAVERNIER, FL 33070</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Richard Overfield          PO Box 1578          Key Largo, FL 33037</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SZUREK, MARK DR.          P.O. BOX 4966          KEY WEST, FL 33041</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>KWALICK, TERESA          91500 OVERSEAS HIGHWAY          TAVERNIER, FL 33070</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 617, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <b>1/25/07</b>		

40100326



01042007 Chg-NP CR2E037 (12/06)