

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000084790

**FILED**  
**Mar 24, 2010**  
**Secretary of State**

**Entity Name:** HEALTH AND WELLNESS INTERNATIONAL INC.

**Current Principal Place of Business:**

C/O BARRY STURNER  
1312 S PLYMOUTH COURT  
CHICAGO, IL 60605

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BARRY STURNER  
1312 S PLYMOUTH COURT  
CHICAGO, IL 60605

**New Mailing Address:**

**FEI Number:** 36-4393204      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PLATT, DARLENE  
6421 PUMPKIN SEED CIRCLE 218  
BOCA RATON, FL 33433 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  
Name: STURNER, BARRY  
Address: 1312 S PLYMOUTH COURT  
City-St-Zip: CHICAGO, IL 60605

Title: V  
Name: PLATT, DARLENE  
Address: 6421 PUMPKIN SEED CIRCLE 218  
City-St-Zip: BOC RATON, FL 33433

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: BARRY STURNER

SEC

03/24/2010

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

\_\_\_\_\_ Date