2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000007017

FILED Jan 17, 2009 Secretary of State

Entity Name: BONE DRY WELLPOINTS, INC. **Current Principal Place of Business: New Principal Place of Business:** 7124 OLD S.R. 207 ELKTON, FL 32033 **Current Mailing Address: New Mailing Address:** 7124 OLD S.R. 207 ELKTON, FL 32033 FEI Number: 33-1130337 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SOWARDS, TERESA 7124 OLD S.R. 207 ELKTON, FL 32033 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PST () Delete Title: (X) Change () Addition SOWARDS, TERESA SOWARDS, TERESA Name: Name:

7124 OLD S.R.207 7124 OLD S.R.207 Address: Address: City-St-Zip: ELKTON, FL 32033 City-St-Zip: ELKTON, FL 32033

Title: () Delete Title: () Change (X) Addition

ALOSKY, HALIE A Name: Name: Address: Address: 8 ROCK POND ROAD WINDHAM, NH 03087 City-St-Zip: Citv-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: TERESA O. SOWARDS **PRES** 01/17/2009