

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000124344

**Entity Name:** ACHIEVING WELLNESS, INC.

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

205 SEA DUNES DRIVE  
MELBOURNE BEACH, FL 32951

**New Principal Place of Business:**

**Current Mailing Address:**

205 SEA DUNES DRIVE  
MELBOURNE BEACH, FL 32951

**New Mailing Address:**

PO BOX 510173  
MELBOURNE BEACH, FL 32951

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

MILLIKEN, DONNA  
205 SEA DUNES DRIVE  
MELBOURNE BEACH, FL 32951 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: MILLIKEN, DONNA  
Address: 205 SEA DUNES DRIVE  
City-St-Zip: MELBOURNE BEACH, FL 32951 US

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: DONNA MILLIKEN

MGR

04/06/2011

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

\_\_\_\_\_  
Date