

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000039333

FILED
Apr 20, 2011
Secretary of State

Entity Name: WELLNESS AND NUTRITION INSTITUTE INC

Current Principal Place of Business:

2295 S. HIAWASSEE RD
406
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

2295 S. HIAWASSEE RD
406
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 27-2511808

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMARA, LUCIA
5036 DR. PHILIPS BLVD
310
ORLANDO, FL 32819 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: CAMARA, LUCIA
Address: 5036 DR. PHILIPS BLVD, 310
City-St-Zip: ORLANDO, FL 32819

Title: VP
Name: AKESSON, MARIE
Address: 8130 FIRENZE BLVD
City-St-Zip: ORLANDO, FL 32836

Title: SEC
Name: VERGARI, PAMELA S
Address: 2508 OMHERST AVE
City-St-Zip: ORLANDO, FL 32804

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: LUCIACAMARA

P

04/20/2011

Electronic Signature of Signing Officer or Director

_____ Date