

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000058399

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** HEALTH WELLNESS SOLUTIONS, INC.

**Current Principal Place of Business:**

5304 WOODLANDS BLVD  
TAMARAC, FL 33319 US

**New Principal Place of Business:**

**Current Mailing Address:**

5304 WOODLANDS BLVD  
TAMARAC, FL 33319 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

CHIN, CAROLYN  
5304 WOODLANDS BLVD  
TAMARAC, FL 33319 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: PVST  
Name: CHIN, CAROLYN  
Address: 5304 WOODLANDS BLVD  
City-St-Zip: TAMARAC, FL 33319 US

Title: D  
Name: CHIN, CAROLYN  
Address: 5304 WOODLANDS BLVD  
City-St-Zip: TAMARAC, FL 33319 US

Title: D  
Name: PATRICIA, CHIN-SWEENEY  
Address: 5304 WOODLANDS BLVD.  
City-St-Zip: TAMARAC, FL 33319 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: CAROLYN CHIN

CEO

04/29/2011

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

\_\_\_\_\_ Date