

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000084670

FILED
Apr 05, 2010
Secretary of State

Entity Name: HIGHPOINT HEALING AND WELLNESS, INC.

Current Principal Place of Business:

2655 EAST OAKLAND PARK BLVD.
SUITE 6
FORT LAUDERDALE, FL 33306

New Principal Place of Business:

2400 WEST CYPRESS CREEK ROAD
SUITE 101
FORT LAUDERDALE, FL 33309

Current Mailing Address:

2655 EAST OAKLAND PARK BLVD.
SUITE 6
FORT LAUDERDALE, FL 33306

New Mailing Address:

4706 NW 36TH STREET
#504
FORT LAUDERDALE, FL 33319

FEI Number: 02-0788497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EXCEUS, VALENCIE
4706 NW 36TH STREET
#504
LAUDERDALE LAKES, 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: EXCEUS, VALENCIE
Address: 4706 NW 36TH STREET, #504
City-St-Zip: LAUDERDALE LAKES, FL 33319

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: VALENCIE EXCEUS

P

04/05/2010

Electronic Signature of Signing Officer or Director

Date