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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALISHIA S. WRIGHT

Electronic Signature of Signing Officer/Director Detail

Entity Name: THE EXCLUSIVE WELLNESS CENTER, INC.

Current Principal Place of Business:

4210 EMPIRE PLACE TAMPA, FL 33610

Current Mailing Address:

DOCUMENT# N08000001623

4210 EMPIRE PLACE TAMPA, FL 33610 US

FEI Number: 26-1919328

SD

Name and Address of Current Registered Agent:

WRIGHT, ALISHIA S 4210 EMPIRE PLACE TAMPA, FL 33610 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:

Title

Title

Name

Address

City-State-Zip:

Address

Officer/Director Detail : PD Title WRIGHT, ALISHIA S Name Name

Electronic Signature of Registered Agent

2121 BARCELONA WAY SOUTH

ST PETERBURG FL 33712

TD LEVISTON, RAY 4210 EMPIRE PLACE Address 7212 HAMMET ROAD City-State-Zip: TAMPA FL 33647 City-State-Zip: TAMPA FL 33610 ABDULLAH, DELLA

Certificate of Status Desired: No

FILED May 01, 2013 Secretary of State CC8953564772

Date

Date

PRESIDENT

05/01/2013

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