2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2009
Secretary of State

DOCUMENT# F08000003713

Entity Name: LIBERTY INTEGRATED WELLNESS, INC.

Current Principal Place of Business:

6827 NW 15TH AVE.
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

6827 NW 15TH AVE.
MIAMI, FL 33147

New Mailing Address:

FEI Number: 26-0762525 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JACKSON, ROSLYN
1041 NW 49TH ST.
MIAMI, FL 33147 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: C ( ) Delete
Name: MORTON, AGNES
Address: 1454 NW 43RD ST.
City-St-Zip: MIAMI, FL 33147

Title: VC ( ) Delete
Name: DAVIS, EDITH
Address: 6827 NW 15TH AVE.
City-St-Zip: MIAMI, FL 33147

Title: D ( ) Delete
Name: SMITH, G
Address: 6702 NW 15TH AVE.
City-St-Zip: MIAMI, FL 33147

Title: D ( ) Delete
Name: SCOTT, ALFRED
Address: 102 NE 48TH ST.
City-St-Zip: MIAMI, FL 33137

Title: S ( ) Delete
Name: JACKSON, ROSLYN
Address: 1041 NW 49TH ST.
City-St-Zip: MIAMI, FL 33147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EDITH DAVIS VC 06/02/2009

Electronic Signature of Signing Officer or Director — Date