

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003713

FILED  
Jul 07, 2010  
Secretary of State

**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 ( )

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

JACKSON, ROSLYN  
1041 NW 49TH ST.  
MIAMI, FL 33147 US

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

JACKSON, ROSLYN  
1041 NW 49TH ST.  
MIAMI, FL 33127 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: ROSLYN JACKSON

07/07/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: MORTON, AGNES  
Address: 1454 NW 43RD ST.  
City-St-Zip: MIAMI, FL 33147

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

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

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

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

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: ROSLYN JACKSON

S

07/07/2010

Electronic Signature of Signing Officer or Director

Date