

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 18, 2011
Secretary of State

Entity Name: JCS WELLNESS SOLUTIONS, INC.

Current Principal Place of Business:

2381 NW EXECUTIVE CENTER DRIVE
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

2381 NW EXECUTIVE CENTER DRIVE
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 26-4178892

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: AS
Name: BRATERMAN, JARRETT
Address: 2381 NW EXECUTIVE CENTER DRIVE
City-St-Zip: BOCA RATON, FL 33431

Title: D
Name: FRANKLIN, MARTIN
Address: 555 THEODORE FREMD AVENUE #B302
City-St-Zip: RYE, NY 10580

Title: VTD
Name: ASHKEN, IAN G
Address: 555 THEODORE FREMD AVENUE #B302
City-St-Zip: RYE, NY 10580

Title: P
Name: HILL, ANDREW
Address: 2381 NW EXECUTIVE CENTER DRIVE
City-St-Zip: BOCA RATON, FL 33431

Title: S
Name: CAPPS, JOHN
Address: 2381 NW EXECUTIVE CENTER DRIVE
City-St-Zip: BOCA RATON, FL 33431

Title: VP
Name: TOTTE, ROBERT
Address: 2381 NW EXECUTIVE CENTER DRIVE
City-St-Zip: BOCA RATON, FL 33431

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: ROBERT P TOTTE

VP

04/18/2011

Electronic Signature of Signing Officer or Director

Date