

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F59810

Entity Name: WELLNESS DEPOT, INC.

FILED
May 02, 2008
Secretary of State

Current Principal Place of Business:

877 NW 61ST STREET
FT. LAUDERDALE, FL 33309

New Principal Place of Business:

3506 WILDFLOWER DRIVE
CORAL SPRINGS, FL 33065

Current Mailing Address:

877 NW 61ST STREET
FT. LAUDERDALE, FL 33309

New Mailing Address:

3506 WILDFLOWER DRIVE
CORAL SPRINGS, FL 33065

FEI Number: 59-2146633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYERS, KIMBERLY
877 NW 61ST STREET
FT. LAUDERDALE, FL 33309 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: SLAPIKAS, KIMBERLY A
Address: 877 NW 61ST STREET
City-St-Zip: FT LAUDERDALE, FL 33309

Title: VP () Delete
Name: SLAPIKAS, RAYMOND
Address: 877 NW 61ST STREET
City-St-Zip: FT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: MYERS, KIMBERLY A
Address: 3506 WILDFLOWER DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VP (X) Change () Addition
Name: SLAPIKAS, RAYMOND
Address: 3506 WILDFLOWER DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

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

SIGNATURE: KIMBERLY MYERS

PRES

05/02/2008

Electronic Signature of Signing Officer or Director

Date