2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# H02526

Entity Name: WELLNESS VENTURES, INC.

Current Principal Place of Business:

9800 S HEALTHPARK DR
SUITE 350
FT. MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

9800 S HEALTHPARK DR
SUITE 350
FT. MYERS, FL 33908

New Mailing Address:

FEI Number: 59-2636092 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DODSON, DOUGLAS A
9800 S HEALTH PARK DRIVE
SUITE 350
FT. MYERS, FL 33908 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: ADAMS, DANIEL F
Address: 2180 WEST FIRST ST. SUITE 212
City-St-Zip: FORT MYERS, FL 33901

Title: TD ( ) Delete
Name: SHEPPARD, ANDREW W
Address: 12800 UNIVERSITY DR #125
City-St-Zip: FORT MYERS, FL 33907

Title: SD ( ) Delete
Name: CATTI, JOSEPH R
Address: 12995 S. CLEVELAND AVE., SUITE 145
City-St-Zip: FORT MYERS, FL 33907

Title: P ( ) Delete
Name: DODSON, DOUGLAS A
Address: 9800 S HEALTHPARK DR STE 350
City-St-Zip: FT. MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: ADAMS, DANIEL F
Address: 2104 WEST FIRST ST. APT 2304
City-St-Zip: FORT MYERS, FL 33901

Title: C (X) Change ( ) Addition
Name: SHEPPARD, ANDREW W
Address: 12800 UNIVERSITY DR #125
City-St-Zip: FORT MYERS, FL 33907

Title: VT (X) Change ( ) Addition
Name: CATTI, JOSEPH R
Address: 12681 CREEKSIDE LANE
City-St-Zip: FORT MYERS, FL 33919

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

SIGNATURE: DOUGLAS A. DODSON P 04/15/2009

Electronic Signature of Signing Officer or Director — Date