2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2011
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

OFFICERS AND DIRECTORS:

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

Title: C
Name: NOLAND, JOHN
Address: 1715 MONROE ST.
City-St-Zip: FORT MYERS, FL 33902

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

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

Title: D
Name: INGE, RONALD E
Address: 5571 HALIFAX AVENUE
City-St-Zip: FORT MYERS, FL 33912

Title: D
Name: ROEPSTORFF, ROBBIE
Address: 13000 SOUTH CLEVELAND AVE.
City-St-Zip: FORT MYERS, FL 33907

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: DOUGLAS A. DODSON PRES 03/14/2011

Electronic Signature of Signing Officer or Director — Date