2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H02526

Entity Name: WELLNESS VENTURES, INC.

FILED Mar 23, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9800 S HEALTHPARK DR SUITE 350

FT. MYERS, FL 33908

New Mailing Address: Current Mailing Address:

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

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

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

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

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

ADAMS, DANIEL F Name:

2104 WEST FIRST ST. APT 2304 Address: City-St-Zip: FORT MYERS, FL 33901

Title:

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

Title: VΤ

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

Title:

DODSON, DOUGLAS A Name:

Address: 9800 S HEALTHPARK DR STE 350

City-St-Zip: FT. MYERS, FL 33908

Title:

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

Title:

Name: ROEPSTORFF, ROBBIE 13000 SOUTH CLEVELAND AVE. Address: 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** 03/23/2012