

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000118880

FILED
Mar 31, 2007
Secretary of State

Entity Name: HOLISTIC WELLNESS CONSULTING, LLC

Current Principal Place of Business:

23 NORTH SUMMERLIN AVENUE
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1866
WINTER PARK, FL 32790

New Mailing Address:

FEI Number: 20-4368437

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENE & LEE, P.L.
111 N. ORANGE AVENUE
SUITE 1450
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

BURKE, WHITNEY
111 N. ORANGE AVENUE
SUITE 1125
ORLANDO, FL 32801 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: WHITNEY A BURKE, ESQ

03/31/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BURKE, CHERYL A
Address: PO BOX 1866
City-St-Zip: WINTER PARK, FL 32790

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHERYL BURKE

MGRM

03/31/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date