2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# L07000086815

Entity Name: OPTIMAL WELLNESS SOLUTIONS, LLC

Current Principal Place of Business:

5112 LONG LAKE CIRCLE
#108
LAKELAND, FL 33805 US

New Principal Place of Business:

3895 NEWPORT STREET
COCOA, FL 32927 US

Current Mailing Address:

5112 LONG LAKE CIRCLE
#108
LAKELAND, FL 33805 US

New Mailing Address:

3895 NEWPORT STREET
COCOA, FL 32927 US

FEI Number: 26-0777135 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMERICAN SAFETY COUNCIL, INC.
5125 ADANSON ST. SUITE 500
ORLANDO, FL 32804 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: THOMPSON, YVETTE
Address: 5112 LONG LAKE CIRCLE, #108
City-St-Zip: LAKELAND, FL 33805 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: THOMPSON, YVETTE
Address: 3895 NEWPORT STREET
City-St-Zip: COCOA, FL 32927 US

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 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: YVETTE THOMPSON AP 04/16/2009

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