2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2011
Secretary of State

DOCUMENT# L07000098600

Entity Name: POINTS OF WELLNESS, LLC

Current Principal Place of Business:

34911 US 19N
#612
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

34911 US 19N
#612
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: 26-1149287 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CERNIGLIA, SHARIN LEE
2720 NORTHRIDGE DR E
CLEARWATER, FL 33761 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
Name: CERNIGLIA, SHARIN LEE
Address: 2720 NORTHRIDGE DR E
City-St-Zip: CLEARWATER, FL 33761

I hereby 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 Statues.

SIGNATURE: SHARIN LEE CERNIGLIA MGR 02/15/2011

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