2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# L08000074541

Entity Name: 4WELLNESS NETWORK LLC

Current Principal Place of Business:

8826 W. FLAGLER ST.
212
MIAMI, FL 33174 US

New Principal Place of Business:

830 SW 93RD AVE
MIAMI, FL 33174 US

Current Mailing Address:

8826 W. FLAGLER ST.
212
MIAMI, FL 33174 US

New Mailing Address:

830 SW 93RD AVE
MIAMI, FL 33174 US

FEI Number: 26-3226325 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEHRENS, VICENTE
8826 W. FLAGLER ST.
212
MIAMI, FL 33174 US

Name and Address of New Registered Agent:

BEHRENS, VICENTE
830 SW 93RD AVE
MIAMI, FL 33174 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: VICENTE BEHRENS 04/27/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: OLMOS, PABLO
Address: 8826 W. FLAGLER ST. #212
City-St-Zip: MIAMI, FL 33174 US

Title: MGR ( ) Delete
Name: BEHRENS, VICENTE
Address: 8826 W. FLAGLER ST. #212
City-St-Zip: MIAMI, FL 33174 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: OLMOS, PABLO
Address: 830 SW 93RD AVE
City-St-Zip: MIAMI, FL 33174 US

Title: MGR (X) Change ( ) Addition
Name: BEHRENS, VICENTE
Address: 830 SW 93RD AVE
City-St-Zip: MIAMI, FL 33174 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: VICENTE BEHRENS MGR 04/27/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date