

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008621

FILED
Feb 27, 2009
Secretary of State

Entity Name: WEALTH WATCHERS INC.

Current Principal Place of Business:

1725 OAKHURST AVE.
JACKSONVILLE, FL 32208

New Principal Place of Business:

1225 W. BEAVER STREET
JACKSONVILLE, FL 32204

Current Mailing Address:

1725 OAKHURST AVE.
JACKSONVILLE, FL 32208

New Mailing Address:

1225 W. BEAVER STREET
JACKSONVILLE, FL 32204

FEI Number: 01-0638984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, CARRIE
2343 JERNIGAN ROAD
JACKSONVILLE, FL 32207 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LESTER, NICOLE
Address: 123 W 11TH STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: BOD () Delete
Name: BRABHAM, BEVERLY
Address: 7730 W. CONGRESS
City-St-Zip: JACKSONVILLE, FL 32208

Title: BOD () Delete
Name: QUAINANCE, KHARIS
Address: 333 E. 2ND STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: BOD () Delete
Name: JACKSON, YVETTE
Address: 230 E 1ST STREET #1306
City-St-Zip: JACKSONVILLE, FL 32206

Title: BOD () Delete
Name: WILLIAMS, COLEY
Address: 2361 BROWARD ROAD
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARRIE L. DAVIS

DIR

02/27/2009

Electronic Signature of Signing Officer or Director

Date