2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001474

FILED Jan 28, 2011 Secretary of State

Entity Name: WILLIAM RHEA SOCIETY FOR CHILDREN'S WELLNESS INC.

Current Principal Place of Business: New Principal Place of Business:

1645 PARK AVE. NORTH
WINTER PARK, FL 32789

1645 PARK AVE. NORTH
WINTER PARK, FL 32789

US

Current Mailing Address: New Mailing Address:

1645 PARK AVE. NORTH WINTER PARK, FL 32789 1645 PARK AVE. NORTH WINTER PARK, FL 32789 US

FEI Number: 55-0858212 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DUPLANTIER RHEA, BEATRICE 1645 PARK AVE. NORTH WINTER PARK, FL 32789 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES

Name: DUPLANTIER-RHEA, BEATRICE Address: 1645 PARK AVE. NORTH City-St-Zip: WINTER PARK, FL 32789 US

Title:

 Name:
 RHEA, JEAN-EDWIN

 Address:
 1645 PARK AVE. NORTH

 City-St-Zip:
 WINTER PARK, FL 32789 US

Title:

Name: DOMERGUE, CHRISTIAN
Address: 1645 PARK AVE. NORTH
City-St-Zip: WINTER PARK, FL 32789 US

Title:

Name: RHEA, ALEXANDER Address: 1645 PARK AVE N

City-St-Zip: WINTER PARK, FL 32789 US

Title:

Name: RHEA, KENNETH Address: 1645 PARK AVE N

City-St-Zip: WINTER PARK, FL 32789 US

I hereby 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 all other like empowered.

SIGNATURE: BEATRICE DUPLANTIER RHEA PRES 01/28/2011