

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010953

FILED
Apr 30, 2007
Secretary of State

Entity Name: LAUREL TREE WELLNESS, INC.

Current Principal Place of Business:

2347 W. BEACH ST., SUITE B
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 291314
TAMPA, FL 33687

New Mailing Address:

FEI Number: 20-3687813

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, DAPHNE
5608 PURITAN RD.
TAMPA, FL 33617 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: D () Delete
Name: JONES, DAPHNE
Address: 5608 PURITAN RD
City-St-Zip: TAMPA, FL 33617

Title: D () Delete
Name: JORDEN, JIMMIE SNR
Address: P O BOX 291314
City-St-Zip: TAMPA, FL 33687

Title: D () Delete
Name: GILBERT, NICOLA
Address: 1941 GREGORY DRIVE
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: DAVIS, RHONDA
Address: P O BOX 446
City-St-Zip: ONA, FL 33865

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: DAPHNE JONES

D

04/30/2007

Electronic Signature of Signing Officer or Director

Date