

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005951

FILED
Apr 29, 2009
Secretary of State

Entity Name: HEALTH WORKSHOPS R US, CORP.

Current Principal Place of Business:

7006 SW 21ST LANE
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

7006 SW 21ST LANE
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 34-2064332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLLARD, STEPHANIE
7006 SW 21ST LANE
GAINESVILLE, FL 32607 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: POLLARD, STEPHANIE
Address: 7006 SW 21ST LANE
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: STEPHANIE M. POLLARD

MS.

04/29/2009

Electronic Signature of Signing Officer or Director

Date