

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001623

FILED
May 01, 2009
Secretary of State

Entity Name: THE EXCLUSIVE WELLNESS CENTER, INC.

Current Principal Place of Business:

4210 EMPIRE PLACE
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

4210 EMPIRE PLACE
TAMPA, FL 33610

New Mailing Address:

FEI Number: 26-1919328 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WRIGHT, ALISHIA
4210 EMPIRE PLACE
TAMPA, FL 33610 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: PD () Delete
Name: WRIGHT, ALISHIA
Address: 4210 EMPIRE PLACE
City-St-Zip: TAMPA, FL 33610

Title: TD () Delete
Name: LEVISTON, RAY
Address: 7212 HAMMET ROAD
City-St-Zip: TAMPA, FL 33647

Title: SD () Delete
Name: RANDOLPH, IDA
Address: 5308 E 20TH AVE
City-St-Zip: TAMPA, FL 33619

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:

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: ALISHIA WRIGHT

PD

05/01/2009

Electronic Signature of Signing Officer or Director

Date