

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006384

FILED
Apr 28, 2010
Secretary of State

Entity Name: ASSOCIATION FOR INTEGRATIVE WELLNESS, INC.

Current Principal Place of Business:

8850 150TH COURT NORTH
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

8850 150TH COURT NORTH
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 26-3068369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEPHEN S. MATHISON, P.A.
5606 PGA BLVD
SUITE 211
PALM BEACH GARDENS, FL 33418 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: PD
Name: DEWING, CAROL
Address: 156 DOLPHIN RD
City-St-Zip: PALM BEACH, FL 33480

Title: TD
Name: BOGENRIEF, DAVID
Address: 11798 VALENCIA GARDENS AVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: SD
Name: SQUIER, PHILLIP DC
Address: 112 TURTLE CREEK DR
City-St-Zip: TEQUESTA, FL 33469

Title: D
Name: KING, ANNIE
Address: 7941 KATY FRWY, BOX 183
City-St-Zip: HOUSTON, TX 77024

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: DAVID BOGENRIEF

SD

04/28/2010

Electronic Signature of Signing Officer or Director

Date