2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2009
Secretary of State

DOCUMENT# N08000008215

Entity Name: THEE WELLNESS INSTITUTE, INC

Current Principal Place of Business:

6164 ISLA STREET
WEST MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

6164 ISLA STREET
WEST MELBOURNE, FL 32904

New Mailing Address:

FEI Number: 30-0506223 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDWARDS, MICHAEL F
6164 ISLA STREET
WEST MELBOURNE, FL 32904 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: P ( ) Delete
Name: EDWARDS, MICHAEL F
Address: 6164 ISLA STREET
City-St-Zip: WEST MELBOURNE, FL 32904 US

Title: VP ( ) Delete
Name: NEWMAN, WILLIAM F
Address: 1119 INDIAN BLUFF DRIVE
City-St-Zip: APOPKA, FL 32703 US

Title: S/T ( ) Delete
Name: BECKETT, BEVERLY A
Address: 4015 IBIS DRIVE
City-St-Zip: ORLANDO, FL 32803 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: NEWMAN, WILLIAM F
Address: 1143 INDIAN BLUFF DRIVE
City-St-Zip: APOPKA, FL 32703 US

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: MICHAEL F. EDWARDS PRES 01/24/2009
Electronic Signature of Signing Officer or Director — Date