

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004334

FILED  
Apr 27, 2010  
Secretary of State

Entity Name: WELLNESS FIELD, INC.

## Current Principal Place of Business:

1826 BRAMBLEWOOD DR.  
ORLANDO, FL 32818

## New Principal Place of Business:

5536 ARNOLD PALMER DRIVE  
1028  
ORLANDO, FL 32811

## Current Mailing Address:

P.O BOX 593059  
ORLANDO, FL 32859

## New Mailing Address:

5536 ARNOLD PALMER DRIVE  
1028  
ORLANDO, FL 32811

FEI Number: 27-0174415

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SAINT-FORT, EGUILAIRE P  
1826 BRAMBLEWOOD DR.  
ORLANDO, FL 32818 US

## Name and Address of New Registered Agent:

SAINT-FORT, EGUILAIRE P  
5536 ARNOLD PALMER DRIVE  
1028  
ORLANDO, FL 32811 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:

04/27/2010

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: SAINT-FORT, EGUILAIRE P  
Address: 5536 ARNOLD PALMER DRIVE, SUITE 1028  
City-St-Zip: ORLANDO, FL 32811

Title: VP  
Name: SAINT-FORT, CARLO B VP  
Address: 4823 SILVER STAR RD, SUITE 190  
City-St-Zip: ORLANDO, FL 32808

Title: TRES  
Name: MORVAN, MARIETHA TRES  
Address: 66303 A SEVEN SPRING GREENACRAIS, BLVD  
City-St-Zip: WESTPALM BEACH, FL 33463

Title: SES  
Name: DORELUS, WIGENSLY SEC  
Address: 3255 MAGNOLIA PETAL CT  
City-St-Zip: CLERMONT, FL 33471

Title: ADV  
Name: DORELUS, MANITHA ADV  
Address: 3255 MAGNOLIA PETAL CT  
City-St-Zip: CLERMONT, FL 33471

Title: DEL  
Name: OREUS, RENEL DEL  
Address: 5536 ARNOLD PALMER DRIVE  
City-St-Zip: ORLANDO, FL 32811

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: SAINT- FORT EGUILAIRE

P

04/27/2010

Electronic Signature of Signing Officer or Director

Date