

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004334

Entity Name: WELLNESS FIELD, INC.

FILED  
Apr 15, 2011  
Secretary of State

## Current Principal Place of Business:

5536 ARNOLD PALMER DRIVE  
1028  
ORLANDO, FL 32811

## New Principal Place of Business:

6315 JENNINGS RD  
ORLANDO, FL 32818

## Current Mailing Address:

5536 ARNOLD PALMER DRIVE  
1028  
ORLANDO, FL 32811

## New Mailing Address:

6315 JENNINGS RD  
ORLANDO, FL 32818

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  
5536 ARNOLD PALMER DRIVE  
1028  
ORLANDO, FL 32811 US

## Name and Address of New Registered Agent:

DORELUS, WIGUENSLY  
3255 MAGNOLIA PETAL CT  
CLERMONT, FL 34711 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: DORELUS WIGUENSLY

04/15/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: SAINT-FORT, EGUILAIRE P  
Address: 6315 JENNINGS RD  
City-St-Zip: ORLANDO, FL 32818

Title: VP  
Name: SAINT-FORT, CARLO B VP  
Address: 3255 MAGNOLIA PETAL CT  
City-St-Zip: CLERMONT, FL 34711

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

04/15/2011

Electronic Signature of Signing Officer or Director

Date