

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004334

FILED  
Apr 29, 2012  
Secretary of State

Entity Name: WELLNESS FIELD, INC.

**Current Principal Place of Business:**

6315 JENNINGS RD  
ORLANDO, FL 32818

**New Principal Place of Business:**

**Current Mailing Address:**

6315 JENNINGS RD  
ORLANDO, FL 32818

**New Mailing Address:**

FEI Number: 27-0174415

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

DORELUS, WIGUENSLY  
3255 MAGNOLIA PETAL CT  
CLERMONT, FL 34711 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  
Name: SAINT-FORT, EGUILAIRE P  
Address: 6315 JENNINGS RD  
City-St-Zip: ORLANDO, FL 32818

Title: VP  
Name: SAINT-FORT, CARLO B VP  
Address: 6315 JENNINGS RD  
City-St-Zip: ORLANDO, FL 32818

Title: SEC  
Name: MORVAN, MARIETHA  
Address: 66303 SEVEN SPRINGS GREEN ACRAIS BLVD  
City-St-Zip: WEST PALM BEACH, FL 33463 US

Title: TR  
Name: THELISMOND, MEUS  
Address: 6817 THOUSAND OAKS RD  
City-St-Zip: ORLANDO, FL 32818 US

Title: DIR  
Name: DORELUS, WIGUENSLY  
Address: 3255 MAGNOLIA PETAL CT  
City-St-Zip: CLERMONT, FL 34711 US

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

04/29/2012

Electronic Signature of Signing Officer or Director

Date