2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2010
Secretary of State

DOCUMENT# N09000005586

Entity Name: HIGH IMPACT SPORTS & WELLNESS INC.

Current Principal Place of Business:

1640 NW AVE D
3
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

1640 NW AVE D
3
BELLE GLADE, FL 33430

New Mailing Address:

FEI Number: 31-1572957 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOWENS, MARCEL Y SR.
1640 NW AVE D
3
BELLE GLADE, FL 33430 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: PRES
Name: BOWENS, MARCEL Y SR.
Address: 1640 NW AVE D APT. 3
City-St-Zip: BELLE GLADE, FL 33430

Title: VP
Name: BOWENS, ALICIA M
Address: 1640 NW AVE D APT. 3
City-St-Zip: BELLE GLADE, FL 33430

Title: TRUS
Name: BOWENS, CALVIN J SR.
Address: 324 NW AVE D
City-St-Zip: BELLE GLADE, FL 33430

Title: TRUS
Name: BOWENS, CHEREE
Address: 2902 ENGRETS LANDING DRIVE
City-St-Zip: LAKE MARY, FL 32746

Title: TRUS
Name: BOWENS, MELVIE
Address: 2902 ENGRETS LANDING DRIVE
City-St-Zip: LAKE MARY, FL 32746

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: MARCEL Y. BOWENS SR. PRES 04/01/2010
Electronic Signature of Signing Officer or Director Date