# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 05, 2011**
**Secretary of State**

DOCUMENT# N10000007449

**Entity Name:** SICKLE CELL NATURAL WELLNESS GROUP INC.

**Current Principal Place of Business:**

3400 WHILLSBORO BLVD
APT #101
COCONUT CREEK, FL 33073 US

**New Principal Place of Business:**

3400 W HILLSBORO BLVD
APT #101
COCONUT CREEK, FL 33073 US

**Current Mailing Address:**

3400 WHILLSBORO BLVD
APT #101
COCONUT CREEK, FL 33073 US

**New Mailing Address:**

3400 W HILLSBORO BLVD
APT #101
COCONUT CREEK, FL 33073 US

**FEI Number: 90-0602515** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

BROWN, TRAVISJASON
3400 WHILLSBORO BLVD
APT #101
COCONUT CREEK, FL 33073 US

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

BROWN, TRAVISJASON
3400 W HILLSBORO BLVD
APT #101
COCONUT CREEK, FL 33073 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: TRAVIS JASON BROWN 05/05/2011
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: P
Name: BROWN, TRAVISJASON
Address: 3400 W HILLSBORO BLVD APT #101
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: S
Name: BROWN, KATHY
Address: 3400 W HILLSBORO BLVD APT #101
City-St-Zip: COCONUT CREEK, FL 33073 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: TRAVIS JASON BROWN P 05/05/2011
Electronic Signature of Signing Officer or Director Date