

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000044082

Entity Name: ALLIED WELLNESS GROUP, INC.

FILED
Apr 15, 2008
Secretary of State

Current Principal Place of Business:

3321 W. CYPRESS STREET
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

P O BOX 21052
TAMPA, FL 33622

New Mailing Address:

3321 W. CYPRESS STREET
TAMPA, FL 33607

FEI Number: 52-2242319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALFONSO, SUZETTE M
3111 W. DR. MLK JR. BLVD SUITE 100
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

LIZBETH POTTS & ASSOCIATES, P.A.
13371 NORTH 56TH STREET
TAMPA, FL 33617 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: LIZBETH POTTS

04/15/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LAMB, BETTY J
Address: P O BOX 21052
City-St-Zip: TAMPA, FL 33622

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: MASTERS, MARGARET J
Address: 3321 WEST CYPRESS STREET
City-St-Zip: TAMPA, FL 33607

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET MASTERS

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04/15/2008

Electronic Signature of Signing Officer or Director

Date