

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000005246

Entity Name: TRIM WELLNESS, INC.

FILED
Jan 22, 2008
Secretary of State

Current Principal Place of Business:

10474 NORTHCLIFFE
SUITE 4
SPRING HILL, FL 34608 US

New Principal Place of Business:

Current Mailing Address:

10474 NORTHCLIFFE
SUITE 4
SPRING HILL, FL 34608 US

New Mailing Address:

FEI Number: 59-3692157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILLIPS, CAROL
8303 SCOTCH PINE AVE.
BROOKSVILLE, FL 34613 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PHILLIPS, FRED
Address: 8303 SCOTCH PINE AVE.
City-St-Zip: BROOKSVILLE, FL 34613

Title: D () Delete
Name: PHILLIPS, CAROL
Address: 8303 SCOTCH PINE AVE.
City-St-Zip: BROOKSVILLE, FL 34613

Title: D () Delete
Name: KNEIP, ANGELA
Address: 10447 NORVELL RD.
City-St-Zip: SPRING HILL, FL 34608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CAROL PHILLIPS

D

01/22/2008

Electronic Signature of Signing Officer or Director

Date