2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2010
Secretary of State

DOCUMENT# P01000006483

Entity Name: THE WELLNESS INSTITUTE OF ORLANDO, INC.

Current Principal Place of Business:

851 W S R 436
SUITE 1089
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

851 W S R 436
SUITE 1089
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-3693911 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FREEMAN, LINDA
851 W. S.R. 436, #1089
ALTAMONTE SPRINGS, FL 32714 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: P,VP
Name: FREEMAN, LINDA
Address: 851 W. SR 436 #1089
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LINDA FREEMAN P 02/25/2010

Electronic Signature of Signing Officer or Director Date