2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000071849

Entity Name: THE WELLNESS EXPERIENCE, INC.

FILED Sep 08, 2008 Secretary of State

Current Pi	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
9825 SW 18TH ST STE 200 & 300 BOCA RATON, FL 33428				9180 FOREST HILL BLVD. WELLINGTON, FL 33411	
Current M	ailing Addres	s:	New Mailing Address	New Mailing Address:	
9825 SW 1 STE 200 & BOCA RAT		3	9180 FOREST HILL B WELLINGTON, FL 33		
FEI Number:	65-1123533	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address of	ame and Address of New Registered Agent:	
LAURICH, RANDALL F 8933 ALEXANDRA CIR. WELLINGTON, FL 33414 US					
The above in the State		ubmits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
		(2)(b), F.S., the corporation did no Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () LAURICH, RANE 8933 ALEXANDI WELLINGTON, I	RA CIR	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: RANDALL F. LAURICH D.C. O 09/08/2008