2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000074701

Entity Name: MILLENNIUM WELLNESS, INC.

FILED Jun 19, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	RIO DRIVE LA BEACH, FL	32561	333 PANFE FL, FL UNI	ERIO DRIVE ITED ST	
Current Mailing Address:			New Mailing Address:		
333 PANFERIO DRIVE PENSACOLA BEACH, FL 32561			333 PANFERIO DRIVE FL, FL UNITED ST		
FEI Number:	59-3739614	FEI Number Applied For () FEI Nu	mber Not Appli	cable () C	ertificate of Status Desired ()
Name and	Address of Cu	rrent Registered Agent:	Name and Address of New Registered Agent:		
HOGGATT, GREG K 333 PANFERIO DRIVE PENSACOLA BEACH, FL 32561 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.					
SIGNATUR					
	Electronic	Signature of Registered Agent			Date
Election Cam		2)(b), F.S., the corporation did not receive Trust Fund Contribution (). ORS:	-		O OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	HOGGATT, GREG 333 PANFERIO E PENSACOLA BEA	ORIVE ACH, FL 32561 Delete G K PRES DRIVE	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	HOGGATT, GREG 333 PANFERIO DI PENSACOLA BEA	RIVE
Title: Name: Address: City-St-Zip:	CEO () E HOGGATT, GREG 333 PANFERIO E PENSACOLA BEA	DRIVE	Title: Name: Address: City-St-Zip:	() Cl	nange () Addition
Title: Name: Address: City-St-Zip:	TREA () E HOGGATT, GREG 333 PANFERIO E PENSACOLA BEA	G K TREA DRIVE	Title: Name: Address: City-St-Zip:	() CI	nange()Addition
Title: Name: Address: City-St-Zip:	VP () E HOGGATT, MARI 333 PANFERIO E PENSACOLA BEA	DRIVE	Title: Name: Address: City-St-Zip:	() CI	nange()Addition
Title: Name: Address: City-St-Zip:	SEC () E HOGGATT, MARI 333 PANFERIO E PENSACOLA BEA	DRIVE	Title: Name: Address: City-St-Zip:	() CI	nange()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: GREG K HOGGATT PRES 06/19/2009