

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000090911

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: TEAM-WORLD WIDE WELLNESS INC.

**Current Principal Place of Business:**

434 TANGLEWOOD DR  
FT WALTON BCH, FL 32547 US

**New Principal Place of Business:**

**Current Mailing Address:**

434 TANGLEWOOD DR  
FT WALTON BCH, FL 32547 US

**New Mailing Address:**

FEI Number: 59-3746597

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FANELLA, NICHOLAS R  
434 TANGLEWOOD DR  
FT WALTON BCH, FL 32547 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: NICHOLAS R FANELLA

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: BRAZER, COLIN DERDE  
Address: LEE OSMONDS FARM LEE OSMONDS LANE  
City-St-Zip: ST.SAMPSONS GUERNSEY, GU GY2 4GG UK

Title: VP ( ) Delete  
Name: FANELLA, NICHOLAS R  
Address: 434 TANGLEWOOD DRIVE  
City-St-Zip: FORT WALTON BEACH, FL 32547 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD (X) Change ( ) Addition  
Name: BRAZER, COLIN GERVE  
Address: LEE OSMONDS FARM LEE OSMONDS LANE  
City-St-Zip: ST.SAMPSONS GUERNSEY, GU GY2 4GG UK

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: COLIN GERVE BRAZIE

PSD

04/08/2009

Electronic Signature of Signing Officer or Director

Date