

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000000135

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: ADL WELLNESS AND HERBS N' MORE, INC.

## Current Principal Place of Business:

4353 EDGEWATER DRIVE, #3  
ORLANDO, FL 32804

## New Principal Place of Business:

## Current Mailing Address:

4353 EDGEWATER DRIVE, #3  
ORLANDO, FL 32804

## New Mailing Address:

FEI Number: 75-2984161

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FERRANTE, THOMAS A  
5021 MAUI CIRCLE  
ORLANDO, FL 32808 US

## Name and Address of New Registered Agent:

FERRANTE, KATHRYN  
5021 MAUI CIRCLE  
ORLANDO, FL 32808 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.

SIGNATURE: KATHRYN FERRANTE

04/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FERRANTE, THOMAS A  
Address: 5021 MAUI CIRCLE  
City-St-Zip: ORLANDO, FL 32808

Title: D ( ) Delete  
Name: FERRANTE, KATHRYN  
Address: 5021 MAUI CIRCLE  
City-St-Zip: ORLANDO, FL 32808

Title: D ( ) Delete  
Name: MYERS, CINDY  
Address: 417 MEADOWOOD BLVD  
City-St-Zip: FERN PARK, FL 32730

## 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: KATHRYN FERRANTE

PRES

04/24/2009

Electronic Signature of Signing Officer or Director

Date