


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000013518</b> 1. Entity Name ALTERNATIVE WELLNESS CENTER, INC.	
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Principal Place of Business 1122 THIRD STREET SUITE 1 NEPTUNE BEACH, FL 32266	Mailing Address 1122 THIRD STREET SUITE 1 NEPTUNE BEACH, FL 32266
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<b>DO NOT WRITE IN THIS SPACE</b>
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04062008 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0559460	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  LAMONT, NIKI 1122 THIRD STREET SUITE 1 NEPTUNE BEACH, FL 32266
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	04/21/08-80018-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAMONT, NIKI 68 JARDIN DR MER PLACE JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, JESSICA PO BOX 746 BODEGA BAY, CA 94923
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORSINI, RICHARD 68 JARDIN DE MER PLACE JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

**SIGNATURE:** *Niki Lamont* **Prw. 4/06/08** **NIKI LAMONT** **904-241-5566**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #