

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000041659

Entity Name: WELLNESS ALLIANCE, INC.

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

1717 COUNTRY CLUB DR
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15998
PANAMA CITY, FL 32406

New Mailing Address:

FEI Number: 75-3082987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITSITT, RICHARD L
2454 PRETTY BAYOU BLVD
PANAMA CITY, FL 32405 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: _____

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: DPT () Delete
Name: ABDEL-GHANY, NAIMA MD
Address: 1717 COUNTRY CLUB DR
City-St-Zip: LYNN HAVEN, FL 32444

Title: VPS () Delete
Name: ARAFA, JULIA
Address: 2108 W 33RD ST
City-St-Zip: PANAMA CITY, FL 32405

Title: O () Delete
Name: BADWAY, HEND
Address: 25 CARRIAGE PARK
City-St-Zip: OXFORD, GA 30054

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: NAIMA ABDEL-GHANY

DPT

05/01/2009

Electronic Signature of Signing Officer or Director

Date