2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2008
Secretary of State

DOCUMENT# P02000090089

Entity Name: THERAPEUTIC WELLNESS CENTER, INC.

Current Principal Place of Business:

100 MADRID BLVD.
411
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

100 MADRID BLVD.
411
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 16-1622253 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITBECK, KARIN
3322 SW 2ND STREET
CAPE CORAL, FL 33991 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WHITBECK, KARIN
Address: 3322 SW 2ND STREET
City-St-Zip: CAPE CORAL, FL 33991

Title: STD ( ) Delete
Name: KELLEY, KATHLEEN
Address: 4582 DAKOTA TERR.
City-St-Zip: NORTH PORT, FL 34286

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: KARIN WHITBECK PD 04/05/2008

Electronic Signature of Signing Officer or Director Date