2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2010
Secretary of State

DOCUMENT# P04000102273

Entity Name: WATERSHINE HEALTH AND WELLNESS, INC.

Current Principal Place of Business:

2629 MCCORMICK DRIVE
SUITE 102
CLEARWATER, FL 33759 US

New Principal Place of Business:

Current Mailing Address:

6101 BAYSIDE DRIVE
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 20-1340326 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CROWLE, NELSON F
6101 BAYSIDE DRIVE
NEW PORT RICHEY, FL 34652 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: P
Name: VAN SANT-CROWLE, CAROLINE D
Address: 6101 BAYSIDE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: VP
Name: CROWLE, NELSON F
Address: 6101 BAYSIDE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: S
Name: CROWLE, NELSON
Address: 6101 BAYSIDE DR
City-St-Zip: NEW PORT RICHEY, FL 34652 US

I hereby 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 all other like empowered.

SIGNATURE: NELSON CROWLE VP 02/17/2010

Electronic Signature of Signing Officer or Director Date