2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000102273

Entity Name: WATERSHINE HEALTH AND WELLNESS, INC.

FILED Feb 17, 2011 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

2629 MCCORMICK DRIVE SUITE 102 CLEARWATER, FL 33759

Current Mailing Address: New Mailing Address:

6101 BAYSIDE DRIVE NEW PORT RICHEY, FL 34652 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CROWLE, NELSON F 6101 BAYSIDE DRIVE NEW PORT RICHEY, FL 34652

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

US

US

Date

OFFICERS AND DIRECTORS:

Title: F

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 02/17/2011