

**2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000132816

**FILED**  
**Jan 20, 2011**  
**Secretary of State**

**Entity Name:** ALCHEMY WELLNESS CENTER, INC.

**Current Principal Place of Business:**

725 NORTH A1A SUITE E-105  
JUPITER, FL 33477

**New Principal Place of Business:**

**Current Mailing Address:**

8 STARBOARD WAY  
TEQUESTA, FL 33469

**New Mailing Address:**

**FEI Number:** 20-1654723      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MCLAUGHLIN, PATRICIA A MS  
8 STARBOARD WAY  
TEQUESTA, FL 33469      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

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** MCLAUGHLIN, PATRICIA A  
**Address:** 8 STARBOARD WAY  
**City-St-Zip:** TEQUESTA, FL 33469

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: PATRICIA A. MCLAUGHLIN

PRES

01/20/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date