2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2011
Secretary of State

DOCUMENT# P05000000459

Entity Name: WHOLE-SUM THERAPIES, INC.

Current Principal Place of Business:

933 LEE RD., STE. 101
ORLANDO, FL 32810

New Principal Place of Business:

933 LEE RD.
STE. 101
ORLANDO, FL 32810

Current Mailing Address:

933 LEE RD., STE. 101
ORLANDO, FL 32810

New Mailing Address:

933 LEE RD.
STE. 101
ORLANDO, FL 32810

FEI Number: 20-2087180 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YOUNG, WILLIAM B III
362 BRUSHWOOD LANE
WINTER SPRINGS, FL 32708 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: D/T
Name: SMITH, LAWRENCE A
Address: 912 NIBLICK DR.
City-St-Zip: CASSELBERRY, FL 32707

Title: D/P
Name: SMITH, PATRICIA H
Address: 912 NIBLICK DR.
City-St-Zip: CASSELBERRY, FL 32707

Title: D/S
Name: YOUNG, MICHELLE C
Address: 362 BRUSHWOOD LANE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D/V
Name: YOUNG, WILLIAM B III
Address: 362 BRUSHWOOD LANE
City-St-Zip: WINTER SPRINGS, FL 32708

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: LAWRENCE A. SMITH D/T 01/09/2011

Electronic Signature of Signing Officer or Director — Date