## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000000459

Name: WHOLE-SUM THERAPIES INC

FILED Feb 10, 2012 Secretary of State

Entity Nar	me: WHOLE-	SUM THERAPIES, INC.		
Current Principal Place of Business:			New Principal Place of Business:	
933 LEE R STE. 101 ORLANDO	D. PL 32810			
Current Mailing Address:			New Mailing Address:	
933 LEE R STE. 101 ORLANDO	D. 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: Name and Address of New Registered Agent:				
<b>362 BRÚS</b>	VILLIAM B III HWOOD LANE BPRINGS, FL			
	named entity see of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,
SIGNATUR	RE:			
	Electron	ic Signature of Registered Age	ent	Date
OFFICERS	S AND DIREC	TORS:		
Title: Name: Address: City-St-Zip:	D/T SMITH, LAWRE 912 NIBLICK DI CASSELBERRY	₹.		
Title:	D/P			

Title: D/S

Name: Address:

 Name:
 YOUNG, MICHELLE C

 Address:
 362 BRUSHWOOD LANE

 City-St-Zip:
 WINTER SPRINGS, FL 32708

SMITH, PATRICIA H

Address: 912 NIBLICK DR.
City-St-Zip: CASSELBERRY, FL 32707

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 MR. 02/10/2012