

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000006511

Entity Name: SANTE WELLNESS GROUP INC

FILED
Mar 30, 2008
Secretary of State

Current Principal Place of Business:

3441 MOUNT BERWICK DRIVE
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

475 MONTGOMERY PLACE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 20-2148791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLEY, GOLDBERG, LEACH & COHN, PL
475 MONTGOMERY PLACE
ALTAMONTE SPRINGS, FL 32714 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/S () Delete
Name: LOISELLE, HELENE
Address: 3441 MOUNT BERWICK DRIVE
City-St-Zip: APOPKA, FL 32712

Title: VP/T () Delete
Name: MARTIN, DANIEL
Address: 3441 MOUNT BERWICK DRIVE
City-St-Zip: APOPKA, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HELENE LOISELLE

PS

03/30/2008

Electronic Signature of Signing Officer or Director

Date