2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2011
Secretary of State

DOCUMENT# P05000062691

Entity Name: MAXLIFE HEALTH AND WELLNESS CENTER, INC.

Current Principal Place of Business:

425 ALEXANDRIA BLVD.
SUITE 1010
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

425 ALEXANDRIA BLVD.
SUITE 1010
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 20-2743839 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KABA CONSULTING INC
1635 E HWY 50
SUITE 103
CLERMONT, FL 34711 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: P
Name: OTT, MARC DR
Address: 14820 STONEBRIAR WAY
City-St-Zip: ORLANDO, FL 32826

Title: VPD
Name: OTT, MICHELLE
Address: 14820 STONEBRIAR WAY
City-St-Zip: ORLANDO, FL 32771

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: MARC OTT P 04/01/2011

Electronic Signature of Signing Officer or Director — Date