

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000123747

Entity Name: A TOUCH OF WELLNESS, INC.

FILED
May 12, 2008
Secretary of State

Current Principal Place of Business:

330 PAULS DRIVE
STE 102
BRANDON, FL 33511 US

New Principal Place of Business:

915 OAKFIELD DRIVE
SUITE A
BRANDON, FL 33511 US

Current Mailing Address:

3409 GROVE BLOSSOM LANE
PLANT CITY, FL 33567

New Mailing Address:

FEI Number: 51-0591971 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, SCOTT B
3409 GROVE BLOSSOM LANE
PLANT CITY, FL 33567 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: SD () Delete
Name: DIAZ, ANGIE
Address: 3409 GROVE BLOSSOM LANE
City-St-Zip: PLANT CITY, FL 33567

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ROBINSON, SCOTT B
Address: 3409 GROVE BLOSSOM LANE
City-St-Zip: PLANT CITY, FL 33567

Title: SD () Change (X) Addition
Name: ALDRICH, SHARON
Address: 3409 GROVE BLOSSOM LANE
City-St-Zip: PLANT CITY, FL 33567

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: SCOTT ROBINSON

PD

05/12/2008

Electronic Signature of Signing Officer or Director

Date