

**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 33567Title: ( ) 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 33567Title: 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