2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000145917

Entity Name: CLASSICAL WELLNESS, INC.

FILED Jul 14, 2008 Secretary of State

Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
439 EAST TARPON AVENUE TARPON SPRINGS, FL 34689 Current Mailing Address:			2625 KEYSTONE ROAD A2 TARPON SPRINGS, FL 34688 New Mailing Address:		
					UNIT 231
FEI Number	: 13-4302159	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
39650 U.S UNIT 231	Y, KAREN JAN 3. HIGHWAY 1 SPRINGS, FL	9 NORTH			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI					
Electronic Signature of Registered Agent			jent	Date	
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	GODFREY, KA 39650 US HW) Delete .REN J OWNER Y 19 NORTH, UNIT 231 NGS, FL 34689	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: KAREN JANE GODFREY PRES 07/14/2008