

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000145917

FILED
Apr 03, 2009
Secretary of State

Entity Name: CLASSICAL WELLNESS, INC.

Current Principal Place of Business:

2625 KEYSTONE ROAD
A2
TARPON SPRINGS, FL 34688

New Principal Place of Business:

Current Mailing Address:

39650 U.S. HIGHWAY 19 NORTH
UNIT 231
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 13-4302159

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GODFREY, KAREN JANE
39650 U.S. HIGHWAY 19 NORTH
UNIT 231
TARPON SPRINGS, FL 34689 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: PRES () Delete
Name: GODFREY, KAREN J OWNER
Address: 39650 US HWY 19 NORTH, UNIT 231
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: KAREN J. GODFREY

PRES

04/03/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date