

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000008836

FILED
Apr 27, 2009
Secretary of State

Entity Name: ULTIMATE WELLNESS SYSTEMS, INC.

Current Principal Place of Business:

11911 US HIGHWAY 1, SUITE 201
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

19239 NO. DALE MABRY HIGHWAY #154
LUTZ, FL 33548

New Mailing Address:

FEI Number: 20-4205797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LABADIE, JAMES R
11911 US HIGHWAY 1, SUITE 201
NORTH PALM BEACH, FL 33408 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: CEO () Delete
Name: LABADIE, JAMES R
Address: 11911 US HIGHWAY 1, SUITE 201
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: PRES () Delete
Name: LEE, RYAN
Address: 11911 US HIGHWAY 1, SUITE 201
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: CFO () Delete
Name: SEE, YEWPO
Address: 17 HOLLOW OAK LANE
City-St-Zip: STAMFORD, CT 06905

Title: SEC () Delete
Name: LABADIE, JAMES
Address: 11911 US HIGHWAY 1, SUITE 201
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: VP () Delete
Name: HUNTER, JAYSON
Address: 40 GOLDTRAIL DR.
City-St-Zip: ST. CHARLES, MO 63301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES R. LABADIE

CEO

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date