2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P07000000818

Entity Name: THE ART OF WELLNESS, INC.

Current Principal Place of Business:

9015 RYE STREET
NEW PORT RICHEY, FL 34654

New Principal Place of Business:

512 EAST IDLEWILD AVE.
TAMPA, FL 33604

Current Mailing Address:

9015 RYE STREET
NEW PORT RICHEY, FL 34654

New Mailing Address:

512 EAST IDLEWILD AVE.
TAMPA, FL 33604

FEI Number: 20-8246488 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRIZ, LAUREN A
9015 RYE STREET
NEW PORT RICHEY, FL 34654 US

Name and Address of New Registered Agent:

KRIZ, LAUREN A
512 EAST IDLEWILD AVE.
TAMPA, FL 33604 US

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: 04/30/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P,VP ( ) Delete
Name: KRIZ, LAUREN A
Address: 9015 RYE STREET
City-St-Zip: NEW PORT RICHEY, FL 34654

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,VP (X) Change ( ) Addition
Name: KRIZ, LAUREN A
Address: 512 EAST IDLEWILD AVE.
City-St-Zip: TAMPA, FL 33604

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: LAUREN KRIZ P,VP 04/30/2008
Electronic Signature of Signing Officer or Director — Date