

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000005473

Entity Name: KAIZEN WELLNESS, INC.

FILED
Feb 10, 2008
Secretary of State

Current Principal Place of Business:

4144-2 CLEVELAND AVENUE
FT MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

4144-2 CLEVELAND AVENUE
FT MYERS, FL 33901 US

New Mailing Address:

FEI Number: 20-8242601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUCE, CHAD R
111 CHARDONNAY PLACE
VALRICO, FL 335943061 US

Name and Address of New Registered Agent:

LUCE, CHAD R
2797 1ST STREET
#1305
FORT MYERS, FL 33916 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:

02/10/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,D () Delete
Name: LUCE, CHAD R
Address: 111 CHARDONNAY PLACE
City-St-Zip: VALRICO, FL 33594 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change () Addition
Name: LUCE, CHAD R
Address: 2797 1ST STREET, #1305
City-St-Zip: FORT MYERS, FL 33916 US

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: CHAD R. LUCE

P,D

02/10/2008

Electronic Signature of Signing Officer or Director

Date