

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000098474

**FILED**  
**Apr 24, 2011**  
**Secretary of State**

**Entity Name:** A CENTER FOR WELLNESS AND LIGHT, INC.

**Current Principal Place of Business:**

417 MEADOWOOD BLVD.  
FERN PARK, FL 32730

**New Principal Place of Business:**

2265 LEE ROAD  
219  
WINTER PARK, FL 32789

**Current Mailing Address:**

417 MEADOWOOD BLVD.  
FERN PARK, FL 32730

**New Mailing Address:**

**FEI Number:** 26-0892874      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MYERS, CINDY  
417 MEADOWOOD BLVD.  
FERN PARK, FL 32730      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

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** MYERS, CINDY  
**Address:** 417 MEADOWOOD BLVD.  
**City-St-Zip:** FERN PARK, FL 32730

I hereby 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 all other like empowered.

SIGNATURE: CINDY MYERS

OFF

04/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date