

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000129413

FILED  
May 01, 2009  
Secretary of State

Entity Name: RENAISSANCE HEALTH AND WELLNESS INC.

**Current Principal Place of Business:**

9 NOTTINGHAM PLACE  
BOYNTON BEACH, FL 33426

**New Principal Place of Business:**

**Current Mailing Address:**

9 NOTTINGHAM PLACE  
BOYNTON BEACH, FL 33426

**New Mailing Address:**

FEI Number: 26-1519725      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PARKER, MARLENE A  
9 NOTTINGHAM PLACE  
BOYNTON BEACH, FL 33426      US

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

PARKER, MARLENE A  
4850 NE 5TH AVENUE  
114  
BOCA RATON, FL 33431      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: M. PARKER

05/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PARKER, MARLENE A  
Address: 9 NOTTINGHAM PLACE  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: V ( ) Delete  
Name: BARROW, MICHELLE A  
Address: 5130 LAS VERDES CIR UNIT 204  
City-St-Zip: DELRAY BEACH, FL 33484

Title: T ( ) Delete  
Name: TURNER, E M  
Address: 5130 LAS VERDES CIR UNIT 204  
City-St-Zip: DELRAY BEACH, FL 33484

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CEO (X) Change ( ) Addition  
Name: MASON, MAISIE S  
Address: 5130 LAS VERDES CIRCLE, 204  
City-St-Zip: DELRAY BEACH, FL 33484

Title: P (X) Change ( ) Addition  
Name: PARKER, MARLENE A  
Address: 4850 NE 5TH AVENUE, 114  
City-St-Zip: BOCA RATON, FL 33431

Title: VP (X) Change ( ) Addition  
Name: BARROW, MICHELLE A  
Address: 1605 RENAISSANCE COMMONS BOULEVARD  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: CFO ( ) Change (X) Addition  
Name: TURNER, E M  
Address: 825 CLAREMORE DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33401

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: M. PARKER

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date