

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000012409

FILED
Apr 21, 2010
Secretary of State

Entity Name: NUTRILIFE WELLNESS CENTER INC.

Current Principal Place of Business:

7427 WARNER DR
JACKSONVILLE, FL 32244 US

New Principal Place of Business:

4524 POST ST
JACKSONVILLE, FL 32205 US

Current Mailing Address:

7427 WARNER DR
JACKSONVILLE, FL 32244 US

New Mailing Address:

4524 POST ST
JACKSONVILLE, FL 32205 US

FEI Number: 26-1881959

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINDQUIST, MICHELLE
7427 WARNER DR
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

LINDQUIST, MICHELLE
4524 POST ST
JACKSONVILLE, FL 32205 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 LINDQUIST

04/21/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: LINDQUIST, MICHELLE
Address: 7427 WARNER DR
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: VP
Name: NORRIS, WINNELL
Address: 7427 WARNER DR
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: T
Name: LINDQUIST, ALEX
Address: 4331 WOODCREST
City-St-Zip: JACKSONVILLE, FL 32210

Title: C
Name: LINDQUIST, ALEX J
Address: 4331 WOODCREST
City-St-Zip: JACKSONVILLE, FL 32210 US

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: M LINDQUIST

P

04/21/2010

Electronic Signature of Signing Officer or Director

Date