

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000022367

FILED  
Jan 27, 2010  
Secretary of State

Entity Name: CIMA HEALTH AND WELLNESS INC.

## Current Principal Place of Business:

3345 BURNS ROAD  
SUITE 306  
PALM BEACH GARDENS, FL 33410

## New Principal Place of Business:

## Current Mailing Address:

3345 BURNS ROAD  
SUITE 306  
PALM BEACH GARDENS, FL 33410

## New Mailing Address:

FEI Number: 26-2108207

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CIMA, NATALIE J  
3345 BURNS ROAD  
306  
PALM BEACH GARDENS, FL 33410 US

## Name and Address of New Registered Agent:

DEJESSE, NATALIE C DR  
3345 BURNS ROAD  
306  
PALM BEACH GARDENS, FL 33410 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: NATALIE DEJESSE

01/27/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES  
Name: DEJESSE, NATALIE C  
Address: 3345 BURNS ROAD SUITE 306  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: SEC  
Name: DEJESSE, NATALIE C  
Address: 3345 BURNS ROAD SUITE 306  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: TRES  
Name: DEJESSE, NATALIE C  
Address: 3345 BURNS ROAD SUITE 306  
City-St-Zip: PALM BEACH GARDENS, FL 33410 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: NATALIE DEJESSE

DR

01/27/2010

Electronic Signature of Signing Officer or Director

Date