

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000032267

FILED  
Feb 26, 2010  
Secretary of State

**Entity Name:** WELLNESS SOLUTIONS & TRENDS, INC

**Current Principal Place of Business:**

5677 FLORAL AVE  
JACKSONVILLE, FL 32211

**New Principal Place of Business:**

**Current Mailing Address:**

5677 FLORAL AVE  
JACKSONVILLE, FL 32211

**New Mailing Address:**

FEI Number: 26-2279279

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PORTER, JOHN R  
5677 FLORAL AVE  
JACKSONVILLE, FL 32211 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PORTER, JOHN R  
Address: 5677 FLORAL AVE  
City-St-Zip: JACKSONVILLE, FL 32211

Title: VP  
Name: PORTER, MARGARET R  
Address: 5677 FLORAL AVE  
City-St-Zip: JACKSONVILLE, FL 32211

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: JOHN R PORTER

P

02/26/2010

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

\_\_\_\_\_ Date