

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000041787

FILED  
Apr 25, 2011  
Secretary of State

**Entity Name:** SOLUTIONS A HEALTHY WEIGHT LOSS PROGRAM INC.

**Current Principal Place of Business:**

1909 CAPITAL CIR., NE  
TALLAHASSEE, FL 32302

**New Principal Place of Business:**

1909 CAPITAL CIR., NE  
SUITE 1  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

3153 TIPPERARY DRIVE  
TALLAHASSEE, FL 32309

**New Mailing Address:**

1909 CAPITAL CIR., NE  
SUITE 1  
TALLAHASSEE, FL 32308

**FEI Number:** 26-2535040

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CATO, K. GLENDA  
1909 CAPITAL CIR NE  
TALLAHASSEE, FL 32308 US

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

CATO, K. GLENDA  
1909 CAPITAL CIR NE  
SUITE 1  
TALLAHASSEE, FL 32308 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:

04/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: CATO, K. GLENDA  
Address: 1909 CAPITAL CIR N.E.  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP  
Name: JANSSEN, STEPHANIE R  
Address: 4418 HIGH GROVE PLACE  
City-St-Zip: TALLAHASSEE, FL 32309

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: K. GLENDA CATO

PRES

04/25/2011

Electronic Signature of Signing Officer or Director

Date