

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000060136

Entity Name: TOTAL HEALTH REVOLUTION, INC.

FILED  
May 01, 2009  
Secretary of State

**Current Principal Place of Business:**

9 ARBOR CLUB DRIVE #108  
PONTE VEDRA BEACH, FL 32082 US

**New Principal Place of Business:**

9 ARBOR CLUB DRIVE  
#108  
PONTE VEDRA BEACH, FL 32082 US

**Current Mailing Address:**

9 ARBOR CLUB DRIVE #108  
PONTE VEDRA BEACH, FL 32082 US

**New Mailing Address:**

9 ARBOR CLUB DRIVE  
#108  
PONTE VEDRA BEACH, FL 32082 US

FEI Number: 26-2853403

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

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: D ( ) Delete

Name: TURNER, JAMES W

Address: 9 ARBOR CLUB DRIVE #108

City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

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

Title: ( ) Change ( ) Addition

Name:

Address:

City-St-Zip:

Title: D ( ) Change (X) Addition

Name: MONS, ROBERT

Address: 137 WOODLANDS DR.

City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: ( ) Delete

Name:

Address:

City-St-Zip:

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: JAMES W TURNER

PRES

05/01/2009

Electronic Signature of Signing Officer or Director

Date