2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000068754

Entity Name: TOTAL WELLNESS HOME, INC.

FILED Jan 06, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
1835 EAST HALLANDAL 132	E BEACH BLVD		
HALLANDALE, FL 3300	9		
Current Mailing Address:		New Mailing Address:	
1835 EAST HALLANDAL 132 HALLANDALE, FL 3300			
FEI Number: 26-3049201	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
KING, SANFORD 2500 HOLLYWOOD BLV 401 HOLLYWOOD, FL 3302	_		

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

in the State of Florida.

SIGNATURE:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

() Delete Title: Title: (X) Change () Addition KING, SANFORD KILPATRICK, JERRY Name: Name: 2500 HOLLYWOOD BLVD, #401 Address: Address: City-St-Zip:

1835 E HALLANDALE BEACH BLVD. STE 132

HOLLYWOOD, FL 33020 City-St-Zip: HALLANDALE, FL 33009

Title: () Delete Title: VΡ () Change (X) Addition BERGMANN, RACHEL Name: Name: Address: Address: 241 SW 96TH TERRACE PEMBROKE PINES, FL 33025 City-St-Zip: Citv-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: JERRY KILPATRICK **PRES** 01/06/2009