2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000077356

Entity Name: OPTIMUM WELLNESS SOLUTIONS, INC.

FILED Jan 12, 2012 Secretary of State

Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
2943 SEQUOIA LANE SARASOTA, FL 34237				
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
2943 SEQUOIA LANE SARASOTA, FL 34237			904A S LUMINA AVENUE WRIGHTSVILLE BEACH, NC 28480	
FEI Number: 26-3214116	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
VERDAASDONK, KEES 2943 SEQUOIA LANE SARASOTA, FL 34237	US			
The above named entity s in the State of Florida.	ubmits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		ent	Date	
OFFICERS AND DIRECT	rors:			

Title:

Name: VERDAASDONK, KEES 2943 SEQUOIA LANE Address: City-St-Zip: SARASOTA, FL 34237

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 required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KEES VERDAASDONK **PRES** 01/12/2012