## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000090820

Entity Name: FIVE ELEMENT WELLNESS CENTER, INC.

FILED Jun 23, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	ICNAB RD.		7310 W MCNAB RD.		
107 TAMARAG	C, FL 33321		107 TAMARAC, FL 33321		
Current Mailing Address:			New Mailing Address:		
7300 W M	ICNAB RD.		7310 W MCNAB RD.		
107 TAMARAG	C, FL 33321		107 TAMARAC, FL 33321		
FEI Number	r: 26-3469885	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:		
The chave					
	e named entity te of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
	te of Florida.				
in the Stat	te of Florida.	submits this statement for the		office or registered agent, or both,  Date	
in the Stat SIGNATU In accordar	te of Florida.  IRE: Electron  nce with s. 607.19		gent		
in the Stat SIGNATU In accordar Election Ca	te of Florida.  IRE: Electron  nce with s. 607.19	nic Signature of Registered Ac 3(2)(b), F.S., the corporation did r g Trust Fund Contribution ().	gent not receive the prior notice.		
in the Stat SIGNATU In accordar Election Ca	te of Florida.  IRE: Electron  nce with s. 607.19  Impaign Financin  IS AND DIREC  P (  PERKINS, MOI  5930 ABBEY R	nic Signature of Registered Ag (3(2)(b), F.S., the corporation did r g Trust Fund Contribution ( ). TORS: ) Delete NIQUE G	gent not receive the prior notice.  ADDITIONS/CHANGE	Date	

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: MONIQUE G. PERKINS Ρ 06/23/2009