

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000108785

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Entity Name:** WELLNESS ACHIEVED STUDIOS, INC.

**Current Principal Place of Business:**

4342 E TRADEWINDS AVE  
LAUDERDALE BY THE SEA, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

2121 NE 42ND CT  
108  
LIGHTHOUSE PT, FL 33064

**New Mailing Address:**

**FEI Number:** 94-3460412

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KLEIN, OANA  
2121 NE 42ND CT., #108  
LIGHTHOUSE POINT, FL 33064 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KLEIN, OANA  
Address: 2121 NE 42ND CT. #108  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

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: OANA KLEIN

OWN

01/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date