2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2010
Secretary of State

DOCUMENT# P09000003259

Entity Name: HEALTH GAINS WEIGHT LOSSES, INC

Current Principal Place of Business:

123 EAST NORTH SHORE AVE
NORTH FORT MYERS, FL 33917

New Principal Place of Business:

Current Mailing Address:

123 EAST NORTH SHORE AVE
NORTH FORT MYERS, FL 33917

New Mailing Address:

FEI Number: 26-4015772 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAY, LAURA A
123 EAST NORTH SHORE AVE
NORTH FORT MYERS, FL 33917 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P
Name: RAY, LAURA A
Address: 123 EAST NORTH SHORE AVE
City-St-Zip: N FORT MYERS, FL 33917

Title: VP
Name: RAY, WADE W
Address: 123 EAST NORTH SHORE AVE
City-St-Zip: N FORT MYERS, FL 33917

Title: T
Name: RAY, LAURA A
Address: 123 EAST NORTH SHORE AVE
City-St-Zip: N FORT MYERS, FL 33917

Title: S
Name: RAY, WADE W
Address: 123 EAST NORTH SHORE AVE
City-St-Zip: N FORT MYERS, FL 33917

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: LAURA RAY P 02/10/2010

Electronic Signature of Signing Officer or Director Date