

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000033899

**Entity Name:** ANASTASIA PAIN & WELLNESS, INC.

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

509 A STREET  
ST. AUGUSTINE BEACH, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

509 A STREET  
ST. AUGUSTINE BEACH, FL 32080

**New Mailing Address:**

**FEI Number:** 26-4676057

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BORRER, DANIEL  
509 A STREET  
ST. AUGUSTINE BEACH, FL 32080 US

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

BORRER, DANIEL D DANIEL  
509 A STREET  
ST. AUGUSTINE BEACH, FL 32080 US

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: DANIEL BORRER

03/30/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BORRER, DANIEL D DANIEL  
Address: 509 A STREET  
City-St-Zip: ST. AUGUSTINE BEACH, FL 32080

Title: VP  
Name: HOLLERAN, KELLY D DANIEL  
Address: 509 A STREET  
City-St-Zip: ST. AUGUSTINE BEACH, FL 32080

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: DANIEL BORRER

P

03/30/2010

Electronic Signature of Signing Officer or Director

Date