

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000056251

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** INSTITUTE OF WELLNESS AND LEARNING, INC.

**Current Principal Place of Business:**

6401 SW 87TH AVE, SUITE 114  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

6401 SW 87TH AVE, SUITE 114  
MIAMI, FL 33173

**New Mailing Address:**

**FEI Number:** 27-0576721

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MORGAN, CHRISTINA  
6401 SW 87TH AVE, SUITE 114  
MIAMI, FL 33173 US

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

MORGAN, CHRISTINA DR  
6401 SW 87TH AVE, SUITE 114  
MIAMI, FL 33173 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:** DR CHRISTINA MORGAN

02/18/2010

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

**Title:** DR  
**Name:** MORGAN, CHRISTINA  
**Address:** 6401 SW 87TH AVE, SUITE 114  
**City-St-Zip:** MIAMI, FL 33173

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:** CHRISTINA MORGAN

DR

02/18/2010

Electronic Signature of Signing Officer or Director

Date