2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2011
Secretary of State

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Entity Name: REGENERATION WELLNESS, INC.

Current Principal Place of Business:

2995 PEPPERWOOD LANE WEST
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

1101 MIRANDA LANE
KISSIMMEE, FL 347410769

New Mailing Address:

2995 PEPPERWOOD LANE WEST
CLEARWATER, FL 33761

FEI Number: 27-0868072 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWART BAUMRUK & COMPANY LLP
1101 MIRANDA LANE
KISSIMMEE, FL 347410769 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: PTD
Name: PORRELLO, FRANCES
Address: 2995 PEPPERWOOD LANE WEST
City-St-Zip: CLEARWATER, FL 33761

Title: CEOD
Name: HAMLETTE, CARLY
Address: 332 FIRTH STREET
City-St-Zip: SOUTH PLAINFIELD, NJ 07080

Title: VPSD
Name: SUTERA, ANTHONY
Address: 7 KILFOYLE AVENUE
City-St-Zip: FORDS, NJ 08863

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: FRANCES PORRELLO PRES 01/25/2011

Electronic Signature of Signing Officer or Director — Date