

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P09000078847

Entity Name: AIS WELLNESS INC

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6401 31ST STREET SOUTH  
#609  
SAINT PETERSBURG, FL 33712 US

**New Principal Place of Business:**

**Current Mailing Address:**

6401 31ST STREET SOUTH  
#609  
SAINT PETERSBURG, FL 33712 US

**New Mailing Address:**

FEI Number: 27-1066077      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SCHULZE, ERIC L  
6401 31ST STREET SOUTH  
#609  
SAINT PETERSBURG, FL 33712 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: D  
Name: SCHULZE, ERIC L  
Address: 6401 31ST STREET SOUTH #609  
City-St-Zip: SAINT PETERSBURG, FL 33712 US

Title: P  
Name: SCHULZE, ERIC L  
Address: 6401 31ST STREET SOUTH #609  
City-St-Zip: SAINT PETERSBURG, FL 33712 US

Title: S  
Name: SCHULZE, ERIC L  
Address: 6401 31ST STREET SOUTH #609  
City-St-Zip: SAINT PETERSBURG, FL 33712 US

Title: T  
Name: SCHULZE, ERIC L  
Address: 6401 31ST STREET SOUTH #609  
City-St-Zip: SAINT PETERSBURG, FL 33712 US

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: ERIC L SCHULZE

D

04/27/2011

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

\_\_\_\_\_  
Date