

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000094412

**FILED**  
**Feb 24, 2010**  
**Secretary of State**

**Entity Name:** LOUIE'S WELLNESS PRODUCTS INC.

**Current Principal Place of Business:**

1207 ILLINOIS AVENUE  
ST. CLOUD, FL 34769

**New Principal Place of Business:**

5337 NORTH SOCRUM LOOP RD  
LAKELAND, FL 33809

**Current Mailing Address:**

1207 ILLINOIS AVENUE  
ST. CLOUD, FL 34769

**New Mailing Address:**

5337 NORTH SOCRUM LOOP RD  
LAKELAND, FL 33809

**FEI Number:** 27-1337473

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SUTTER, BERNARD R  
1207 ILLINOIS AVENUE  
ST. CLOUD, FL 34769 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: PD  
Name: STEADMAN, LUARD  
Address: 5337 NORTH SOCRUM LOOP RD  
City-St-Zip: LAKELAND, FL 33809

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:** LUARD STEADMAN

PRES

02/24/2010

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

\_\_\_\_\_  
Date