

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000000404

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Entity Name:** NEW DIMENSIONS WELLNESS AND EDUCATION INC.

**Current Principal Place of Business:**

9248 SWEET MAPLE AVE  
ORLANDO, FL 32832

**New Principal Place of Business:**

**Current Mailing Address:**

9248 SWEET MAPLE AVE  
ORLANDO, FL 32832

**New Mailing Address:**

**FEI Number:** 27-1596212

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

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

COBB, JUSTIN M  
9248 SWEET MAPLE AVE  
ORLANDO, FL 32832 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:** JUSTIN COBB

01/11/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** COBB, JUSTIN  
**Address:** 9248 SWEET MAPLE AVE  
**City-St-Zip:** ORLANDO, FL 32832

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:** JUSTIN COBB

D

01/11/2011

Electronic Signature of Signing Officer or Director

Date