

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000029839

**FILED**  
**Jan 30, 2012**  
**Secretary of State**

**Entity Name:** ENLIVEN WELLNESS WORKS, INC.

**Current Principal Place of Business:**

6822 22ND AVENUE N.  
#156  
ST. PETERSBURG, FL 33710

**New Principal Place of Business:**

**Current Mailing Address:**

6822 22ND AVENUE N.  
#156  
ST. PETERSBURG, FL 33710

**New Mailing Address:**

**FEI Number:** 27-2301476

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OPPELT, JENNIFER L  
6822 22ND AVENUE N.  
#156  
ST. PETERSBURG, FL 33710 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: PS  
Name: OPPELT, JENNIFER L  
Address: 6822 22ND AVENUE N., #156  
City-St-Zip: ST. PETERSBURG, FL 33710 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: JENNIFER L. OPPELT

PRES

01/30/2012

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

\_\_\_\_\_  
Date