

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000058399

FILED
Apr 27, 2012
Secretary of State

Entity Name: HEALTH WELLNESS SOLUTIONS, INC.

Current Principal Place of Business:

5304 WOODLANDS BLVD
TAMARAC, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

5304 WOODLANDS BLVD
TAMARAC, FL 33319 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CHIN, CAROLYN
5304 WOODLANDS BLVD
TAMARAC, FL 33319 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: CEO
Name: CHIN, CAROLYN
Address: 5304 WOODLANDS BLVD
City-St-Zip: TAMARAC, FL 33319 US

Title: D
Name: CHIN, CAROLYN
Address: 5304 WOODLANDS BLVD
City-St-Zip: TAMARAC, FL 33319 US

Title: D
Name: PATRICIA, CHIN-SWEENEY
Address: 5304 WOODLANDS BLVD.
City-St-Zip: TAMARAC, FL 33319 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: CAROLYN CHIN

_____ Electronic Signature of Signing Officer or Director

CEO

04/27/2012

_____ Date