2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2011
Secretary of State

DOCUMENT# P10000076848

Entity Name: CLOUD 9 WELLNESS, INC.

Current Principal Place of Business:

832 FLORIDA AVENUE
LYNN HAVEN, FL 32444 US

New Principal Place of Business:

Current Mailing Address:

832 FLORIDA AVENUE
LYNN HAVEN, FL 32444 US

New Mailing Address:

FEI Number: 27-3512401 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALLADE, KAREN
3502 NO JENKS AVENUE
9305
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

SALLADE, KAREN
832 FLORIDA AVENUE
LYNN HAVEN, FL 32444 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: _____ 04/28/2011
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: SALLADE, KAREN
Address: 832 FLORIDA AVENUE
City-St-Zip: LYNN HAVEN, FL 32444 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: KAREN SALLADE PRES 04/28/2011
Electronic Signature of Signing Officer or Director — Date