

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000097304

**Entity Name:** AIGLE WELLNESS INC.

**FILED**  
**Feb 23, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1842 DARLIN CIR.  
ORLANDO, FL 32820

**New Principal Place of Business:**

**Current Mailing Address:**

1842 DARLIN CIR.  
ORLANDO, FL 32820

**New Mailing Address:**

**FEI Number:** 45-3832078

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GILLETTE, KEVIN  
7303 COQUINA AVE  
FT, PIERCE, FL 34951 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: P  
Name: GILLETTE, ANGELA  
Address: 1842 DARLIN CIR.  
City-St-Zip: ORLANDO, FL 32820

Title: VP  
Name: GILLETTE, KENNETH  
Address: 1842 DARLIN CIR.  
City-St-Zip: ORLANOD, FL 32820

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: KENNETH GILLETTE

VP

02/23/2012

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

\_\_\_\_\_  
Date