2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000003598

Entity Name: WHAT A RELIEF, INC.

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4935 LAKE SCENE PLACE 1241 WESTCHESTER DRIVE

SARASOTA, FL 342435513 VENICE, FL 34293

Current Mailing Address: New Mailing Address:

4935 LAKE SCENE PLACE 1241 WESTCHESTER DRIVE

SARASOTA, FL 342435513 VENICE, FL 34293

FEI Number: 65-0466048 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

LOVALLO, LINDA DR
4935 LAKESCENE PLACE
SARASOTA, FL 342435513 US

LOVALLO, LINDA DR
1241 WESTCHESTER DRIVE
VENICE, FL 34293 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: 04/15/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS () Delete Title: PS (X) Change () Addition

Name: LACKMANN, LÍNDA L DR Name: LOVALLO, LÍNDA DR Address: 4935 LAKESCENE PLACE Address: 1241 WESTCHESTER DRIVE City-St-Zip: SARASOTA, FL 34243 US City-St-Zip: VENICE, FL 34293 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DR. LINDA LOVALLO PS 04/15/2009