

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000055595

FILED
Jan 31, 2009
Secretary of State

Entity Name: ADVANCED WELLNESS THERAPY INSTITUTE, INC.

Current Principal Place of Business:

14224 SOUTH TAMIAMI TRAIL
NORTH PORT, FL 34290 US

New Principal Place of Business:

14224 S. TAMIAMI TRAIL
NORTH PORT, FL 34287 US

Current Mailing Address:

P.O. BOX 5216
ENGLEWOOD, FL 34224 US

New Mailing Address:

FEI Number: 65-0709793 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ILIESCU, VIOREL P.S.D
9203 GRIGGS RD
ENGLEWOOD, FL 34224 US

Name and Address of New Registered Agent:

ILIESCU, VIOREL P.S.D
9203 GRIGGS RD
B104
ENGLEWOOD, FL 34224 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: VIOREL ILIESCU

01/31/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDS () Delete
Name: ILIESCU, VIOREL P.S.D
Address: PO BOX 5216
City-St-Zip: ENGLEWOOD, FL 34224 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: VIOREL ILIESCU

PSD

01/31/2009

Electronic Signature of Signing Officer or Director

Date