2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000058468

Entity Name: ORION WELLNESS OF FL., INC.

FILED Jun 16, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2108 PARK AVE 2108 PARK AVE

#111 #111

ORANGE PARK, FL 32003 US ORANGE PARK, FL 32073 US

Current Mailing Address: New Mailing Address:

2108 PARK AVE 2108 PARK AVE

#111 #111 ORANGE PARK, FL 32003 US #111 ORANGE PARK, FL 32073 US

FEI Number: 59-3386866 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CAMPBELL, LAURIE DAVIS, BRIAN 2108 PARK AVENUE 2108 PARK AVENUE

2108 PARK AVENUE 2108 PARK AVENU #111 #111

ORANGE PARK, FL 32073 US ORANGE PARK, FL 32073 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: BRIAN DAVIS 06/16/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

 Name:
 CAMPBELL, CHRISTOPHER J
 Name:

 Address:
 605 LORN CT
 Address:

 City-St-Zip:
 ORANGE PARK, FL 32073
 City-St-Zip:

Title: V () Delete Title: () Change () Addition

 Name:
 CAMPBELL, LAURIE A
 Name:

 Address:
 605 LORN CT
 Address:

 City-St-Zip:
 ORANGE PARK, FL 32073
 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: BRIAN DAVIS CFO 06/16/2009