


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90186 019 ***150.00

DOCUMENT # P96000089841 1. Entity Name TOTAL WELL-BEING, INC.			
Principal Place of Business 4623 RIVER'S EDGE VILLAGE LN. #6408 PONCE INLET FL 32127-7294 US		Mailing Address 4623 RIVER'S EDGE VILLAGE LN. #6408 PONCE INLET FL 32127-7294 US	
2. Principal Place of Business 663 Post Oak CR. Suite, Apt. #, etc. Unit 125 City & State ALTAMONTE SPRINGS Zip 32701 Country USA		3. Mailing Address 663 Post Oak CR. Suite, Apt. #, etc. Unit 125 City & State ALTAMONTE SPRINGS Zip 32701 Country USA	
4. FEI Number 59-3418103		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUDSON, DEBRA C 4623 RIVER'S EDGE VILLAGE LN. #6408 PONCE INLET FL 32127-7294		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDSON, DEBRA C 4623 RIVER'S EDGE VILLAGE LN., #6408 PONCE INLET FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Debra C. Hudson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06 *407-260-2512*
Date Daytime Phone #