


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90058 047 ***150.00

DOCUMENT # P96000089841	
1. Entity Name TOTAL WELL-BEING, INC.	

Principal Place of Business 663 POST OAK CIR UNIT 125 ALTAMONTE SPRINGS FL 32701 US	Mailing Address 663 POST OAK CIR UNIT 125 -#6408- ALTAMONTE SPRINGS FL 32701 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address UNIT 125 463 POST OAK CIR (Delete #6408)
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State ALTAMONTE SPRINGS
Zip	Country
32701	USA

1st MOORE CR2E034 (10/06)

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 HUDSON, DEBRA C. Street Address (P.O. Box Number is Not Acceptable) 463 POST OAK CIR UNIT 125 City ALTAMONTE SPRINGS FL Zip Code 32701

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 *Debra C. Hudson* DATE 4/7/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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
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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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 463 POST OAK CIR UNIT 125 ALTAMONTE SPRINGS, FL. 32701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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* DATE 4/7/07 DAYTIME PHONE # 407-260-2512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR