

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000022922

FILED
Jan 15, 2009
Secretary of State

Entity Name: LIFEWORKS WELLNESS CENTER, INC.

Current Principal Place of Business:

301 TURNER STREET
CLEARWATER, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

301 TURNER STREET
CLEARWATER, FL 33756 US

New Mailing Address:

FEI Number: 59-3435238 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LETTAU, KATHLEEN E
C/O PERFECTLY BALANCED BOOKS
611 DRUID # 403
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

MINKOFF, URI Y
301 TURNER ST
CLEARWATER, FL 33756 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: URI MINKOFF

01/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MINKOFF, DAVID
Address: 404 EDGEWOOD AVENUE
City-St-Zip: CLEARWATER, FL 33755

Title: D () Delete
Name: MINKOFF, SUE
Address: 404 EDGEWOOD AVENUE
City-St-Zip: CLEARWATER, FL 33755

Title: D () Delete
Name: MINKOFF, URI
Address: 404 EDGEWOOD AVENUE
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MINKOFF, DAVID
Address: 301 TURNER ST
City-St-Zip: CLEARWATER, FL 33756

Title: D (X) Change () Addition
Name: MINKOFF, SUE
Address: 301 TURNER ST
City-St-Zip: CLEARWATER, FL 33756

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: URI MINKOFF

D

01/15/2009

Electronic Signature of Signing Officer or Director

Date