2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# P99000006289

Entity Name: ZIPP HEALTH & WELLNESS, INC.

Current Principal Place of Business:

655 N MILITARY TRAIL
WEST PALM BEACH, FL 33415

New Principal Place of Business:

Current Mailing Address:

PO BOX 19655
WEST PALM BEACH, FL 33416

New Mailing Address:

FEI Number: 65-0884562 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZIPP, JEFFREY A
4186 BAHIA ISLE CIRCLE
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

ZIPP, JEFFREY A
4186 BAHIA ISLE CIRCLE
WELLINGTON, FL 33449 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: JEFFREY ZIPP 04/27/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR ( ) Delete
Name: ZIPP, JEFFREY A
Address: 4186 BAHIA ISLE CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: ZIPP, JEFFREY A
Address: 4186 BAHIA ISLE CIRCLE
City-St-Zip: WELLINGTON, FL 33449

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: JEFFREY ZIPP DR. 04/27/2009
Electronic Signature of Signing Officer or Director Date