

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000104642

**Entity Name:** I AM WHOLE, INC.

**Current Principal Place of Business:**

9B EL RED DRIVE  
TAVARES FL 32778

**Current Mailing Address:**

P.O. BOX 193  
TAVARES FL 32778

**FEI Number:** 26-3826417

**Certificate of Status Desired:** No

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

FOSSON, LINDA M  
9B EL RED DRIVE  
TAVARES FL 32778 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            DPTS  
Name            FOSSON, LINDA M  
Address        9B EL RED DRIVE  
City-State-Zip: TAVARES FL 32778

*I hereby 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 all other like empowered.*

**SIGNATURE:** LINDA M. FOSSON

**PRESIDENT**

**04/30/2013**

Electronic Signature of Signing Officer/Director Detail

Date