

2014 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

02/26/2014

Electronic Signature of Signing Officer/Director Detail

Date