2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# P00000004263

Entity Name: ELITE BODY CONCEPTS, INC.

Current Principal Place of Business:

3438-19 EAST LAKE ROAD
PALM HARBOR, FL 34685

New Principal Place of Business:

Current Mailing Address:

3438-19 EAST LAKE ROAD
PALM HARBOR, FL 34685

New Mailing Address:

FEI Number: 59-3615811 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAKRIS, PETER
2110 DREW STREET
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MAKRIS, PETER
Address: 2110 DREW STREET
City-St-Zip: CLEARWATER, FL 33765

Title: SD ( ) Delete
Name: LABUA, DOREEN
Address: 116 14TH STREET
City-St-Zip: BELLEAIR BEACH, FL 33786

Title: TD ( ) Delete
Name: LABUA, MICHAEL
Address: 3438 E. LAKE ROAD #19
City-St-Zip: PALM HARBOR, FL 34685

Title: VP (X) Delete
Name: LABUA, LANA
Address: 3438 E LAKE ROAD #19
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: GRICE, DOREEN
Address: 116 14TH STREET
City-St-Zip: BELLEAIR BEACH, FL 33786

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: PETER MAKRIS PD 04/17/2009

Electronic Signature of Signing Officer or Director Date