P02000133548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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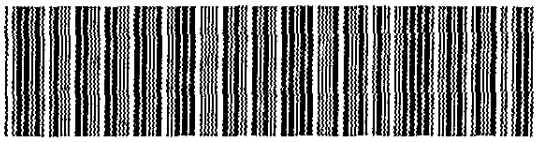

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TALLAHASSEE, FLORIDA

PS 10/13/03
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HANDS ON HEALTH SPAS, INC.
(Name of Corporation)

DOCUMENT NUMBER: P02000133548

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SCOTT BENNETT
(Name of Person)

HANDS ON HEALTH SPAS, INC.
(Name of Firm/Company)

4913 WILD GRAPE WAY
(Address)

MELBOURNE, FLA 32940
(City/State and Zip Code)

For further information concerning this matter, please call:

SCOTT BENNETT at (321) 253-3609
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for $87.50 for an active corporation or $35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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TALLAHASSEE, FLORIDA

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, Scott Bennett
(Name of Registered Agent)

hereby resigns as Registered Agent for HANDS ON HEALTH SPAS, INC.
(Name of Corporation)

P02000133548
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Scott Bennett
(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:
$87.50 - Active corporation
$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314