

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 672106

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: I'M A BODY EXERCISE STUDIO, INC.

## Current Principal Place of Business:

6185 JOG ROAD  
LAKE WORTH, FL 33467 US

## New Principal Place of Business:

## Current Mailing Address:

6185 JOG RD.  
LAKE WORTH, FL 33467 US

## New Mailing Address:

FEI Number: 59-2008450

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HUBSCHER, DONNA A PTD  
6185 JOG RD.  
LAKE WORTH, FL 33467 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: PTD ( ) Delete  
Name: HUBSCHER, DONNA A PTD  
Address: 8005 PELICAN HARBOUR DR  
City-St-Zip: LAKE WORTH, FL 33467 US

Title: VP ( ) Delete  
Name: HUBSCHER, BONNIE J VP  
Address: 8117 PELICAN HARBOUR DR  
City-St-Zip: LAKE WORTH, FL 33467 US

Title: VP ( ) Delete  
Name: HUBSCHER, TAYLOR M VP  
Address: 1027 10TH WAY  
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: S (X) Delete  
Name: BUTLER, BRANT A S  
Address: 6870 HAMMOCK LANE  
City-St-Zip: WEST PALM BEACH, FL 33411 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTDS (X) Change ( ) Addition  
Name: HUBSCHER, DONNA A PTDS  
Address: 8005 PELICAN HARBOUR DR  
City-St-Zip: LAKE WORTH, FL 33467 US

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

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 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: DONNA A. HUBSCHER

PTDS

04/28/2006

Electronic Signature of Signing Officer or Director

Date