

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F00000004709 1. Entity Name BODY-OF-CHANGE, INC.					
Principal Place of Business 20430 N 19TH AVE 140 PHOENIX, AZ 85027			Mailing Address 20430 N 19TH AVE 140 PHOENIX, AZ 85027		
2. Principal Place of Business 21410 N. 19th Ave. Suite, Apt. #, etc. 210		3. Mailing Address 21410 N. 19th Ave Suite, Apt. #, etc. 210			
City & State Phoenix, AZ		City & State Phoenix, AZ			
Zip 85027		Country USA		Zip 85027	
Country USA		4. FEI Number 86-0992624			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CRUTCHLEY, KAY 430 SE 4TH STREET POMPANO BEACH, FL 33060			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Kay Crutchley</i></u> DATE <u>12-23-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GREGG, BEN 25443 N 44TH DRIVE GLENDALE, AZ 85310		TITLE NAME STREET ADDRESS CITY-ST-ZIP	9305 W. Electra Lane Peoria, AZ 85383	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES GASTON, JOHN 7877 W SANDS DR PEORIA, AZ 85383		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700092812827 12/28/06--01009--023 **758.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>[Signature]</i></u>			12-20-06 623.516.2200		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

FILED

06 DEC 28 PM 5:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2006