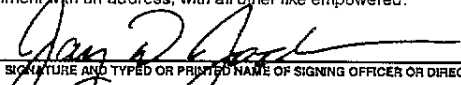


**FILED**  
**Jul 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H13893</b> 1. Entity Name <b>HOME BODY FITNESS CARE, INC.</b>				<b>Secretary of State</b>		
Principal Place of Business <b>6600 MANATEE AVE W BRADENTON, FL 34209 US</b>		Mailing Address <b>3114 40TH AVE W. BRADENTON, FL 34205 US</b>				
<b>DO NOT WRITE IN THIS SPACE</b>						
		07062005 No Chg-P CR2E034 (10/03)				
<b>DO NOT WRITE IN THIS SPACE</b>		4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable		
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>JACKSON, JAY DEE 3114 40TH AVE W. BRADENTON, FL 34205</b>		<b>DO NOT WRITE IN THIS SPACE</b>				
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees		
				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>				
TITLE	P					
NAME	JACKSON, JAY D					
STREET ADDRESS	3114 40TH AVE W.					
CITY- ST- ZIP	BRADENTON, FL 34205					
TITLE						
NAME			 <b>DO NOT WRITE IN THIS SPACE</b>			
STREET ADDRESS						
CITY- ST- ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY- ST- ZIP						
TITLE			 <b>DO NOT WRITE IN THIS SPACE</b>			
NAME						
STREET ADDRESS						
CITY- ST- ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY- ST- ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: <b>7/10/05</b> Daytime Phone # _____						