LIMITED LIABILITY COMPANY

May 22, 2002 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) L00000002664 DOCUMENT # 05-22-2002 90200 010 ****50.00 1. Entity Name INDIALANTIC BODY WORKS THERAPEUTIC MASSAGE, 965491 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address SA:me. 838 NMIRAMARAVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number INDIAL Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 8. The above named entity submits this statement for the pulpose of changing its registered office or registered agent, or both, in the State of Florida TOHP PANICCIA SIGNATURE FEE IS \$50.00 Make Check Payable to Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS 9. MGR/OWNER. TITLE TITLE CR2E083B (12/01 JOHN PANICCIA NAME NAME 1060 N RIVERSIDEOF STREET ADDRESS STREET ADDRESS INDIALANTIC F132903 CITY-ST-7IP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIE CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE: SIGNATURE AND THE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER,

NAME

STREET ADDRESS CITY-ST-ZIP

FILED