2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 16, 2005
Secretary of State

DOCUMENT# L04000082864

Entity Name: INTEGRATIVE TOUCH & BODYWORK LLC

Current Principal Place of Business:

5030 S. HWY. 17-92
CASSELBERRY, FL 32707

New Principal Place of Business:

5030 S. HWY. 17-92
SUITE B
CASSELBERRY, FL 32707

Current Mailing Address:

5030 S. HWY. 17-92
CASSELBERRY, FL 32707

New Mailing Address:

5030 S. HWY. 17-92
SUITE B
CASSELBERRY, FL 32707

FEI Number: 37-1498882 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: NARVAEZ, TEDY
Address: 3461 S. ST. LUCIE DR.
City-St-Zip: CASSELBERRY, FL 327075509

Title: MGR ( ) Delete
Name: SALOMON, JONAH
Address: 620 BAYOU DR.
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES:

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 Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: TEDY O NARVAEZ OWNE 07/16/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date