2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2007
Secretary of State

DOCUMENT# L05000075150

Entity Name: WRAPTURES - THE BODY SALON, LLC

Current Principal Place of Business:

195 B AVENUE D NW
WINTER HAVEN, FL 33881 US

New Principal Place of Business:

195 AVENUE D NW
WINTER HAVEN, FL 33881 US

Current Mailing Address:

195 AVENUE D NW
WINTER HAVEN, FL 33881 US

New Mailing Address:

FEI Number: 20-3233000 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORE, ROBIN P
5013 RIVER LAKE RD
WINTER HAVEN, FL 33884 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: MGRM ( ) Delete
Name: MOORE, ROBIN P
Address: 5013 RIVER LAKE RD
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: MGRM ( ) Delete
Name: BIRD, SUZANNE
Address: 2105 JONATHAN LN
City-St-Zip: WINTER HAVEN, FL 33884 US

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 Chapter 119, 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: ROBIN P. MOORE CO/O 04/10/2007

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