2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000004263

2110 DREW ST.

City-St-Zip: CLEARWATER, FL 33765

Address:

Entity Name: ELITE BODY CONCEPTS, INC

FILED Oct 27, 2005 Secretary of State

Entity Nar	me: ELITE BC	DY CONCEPTS, INC.					
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:			
	AST LAKE RO. RBOR, FL 346						
Current M	ailing Addres	s:	New Maili	New Mailing Address:			
	AST LAKE RO. RBOR, FL 346						
FEI Number:	: 59-3615811	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Des	sired ()	
Name and	Address of C	urrent Registered Agent:	Name and	and Address of New Registered Agent:			
	1ICHAEL AST LAKE RO. RBOR, FL 346						
	named entity s e of Florida.	submits this statement for the p	ourpose of changing i	ts registered of	ffice or registered age	nt, or both,	
SIGNATUR	RE: MICHAEL	. LA BUA					
	Electron	ic Signature of Registered Age	ent	Date			
		3(2)(b), F.S., the corporation did no 1 Trust Fund Contribution ().	t receive the prior notic	e.			
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	LA BUA, MICHA 255 DOLPHIN		Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	LA BUA, DORE 255 DOLPHIN		Title: Name: Address: City-St-Zip:	LA BUA, DOREE 255 DOLPHIN F			
Title: Name: Address: City-St-Zip:	SD (X) MORRIS, BENN 3438-19 EAST PALM HARBOR	LAKE ROAD	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name:	D (X) MARRIS, PETE	Delete R	Title: Name:	()	Change () Addition		

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MICHAEL LA BUA PRES 10/27/2005