2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2004 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # P0000006078 1. Entity Name DELRAY BODYWERKS, INC. Principal Place of Business Mailing Address					÷1	04-22-2004	90084 00	9 ***150	0.00
246 NE 6TH		Mailing Address 246 NE 6TH AVE							
	CH, FL 33483	DELRAY BEACH, FL 33483							
					1 13 3 (14 6) 111 6 1	IIA BESI BEIN BEN EN	N Ca ni Bara e nr		
2. Principal Place of Business		3. Mailing Address 6023 LELAC PO							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04182004 Chg-P CR2E034 (10/03)				
City & State		Boch nater, fc			4. FEI Number 65-0450	034		-	plied For t Applicable
Zip	Country	3 4 9 6	PA(~ Bu	٠.	5. Certificate of	Status Desired		8.75 Add	
<u></u>	6. Name and Address of Current	Registered Agent	171(2770	~~~	7. Name and A	ddress of New R			<u></u>
Name									
	/, BRIAN C DERAL HWY #228	Street A	Street Address (P.O. Box Number is Not Acceptable)						
	ΓON, FL 33431								
								T =	
_			City				FL	Zip Code	9
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 Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FiLE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution.									
10.	OFFICERS AND DIRECTORS				ADDITIONS/C	HANGES TO OFF		· · · · · · · · · · · · · · · · · · ·	
TITLE N ame	P PETENS, ERIC	☐ Delete	TITLE NAME				Į.	Change	Addition
STREET ADDRESS	246 NE 6TH AVE		STREET ADDRESS	602	3 LE L	AC NO AS)		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP	Ba	canal	o~.fc	33456	>	
TITLE		☐ Delete	TITLE				ĺ	Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						İ
TITLE	- P. W. W	☐ Delete	TITLE		,+		[Change	Addition
NAME			NAME						Į
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP						
CITY-ST-ZIP		Delete	TITLE		711111			Change	Addition
NAME		L Delete	NAME				ı	Onlings	
STREET ADDRESS			STREET ADDRESS						ŀ
CITY-ST-ZIP			CITY-ST-ZIP	ļ					
TITLE		☐ Delete	TITLE				1	Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				Į.	Change	☐ Addition
NAME OVERST ADDRESS			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
	certify that the information supplied will	n this filing does not qualify for		ted in Se	ction 119.07(3)(i).	Florida Statutes.	further certif	y that the in	formation
12. 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 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 embowered 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 ell other like empowered.									

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR