


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000021906	
1. Entity Name CLEOPATRA'S BODY & SOUL, INC.	

Principal Place of Business 1402 ROYAL PALM BEACH #600 ROYAL PALM BEACH, FL 33411	Mailing Address 1402 ROYAL PALM BEACH #600 ROYAL PALM BEACH, FL 33411
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07012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0990635	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDONALD, MARSHALL III
1070 E. INDIANTOWN ROAD, SUITE 312
JUPITER, FL 33477

DO NOT WRITE IN THIS SPACE

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000374081 07/22/05-80007-015 550.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SWANSON, DENISE 14446 DRAFTHORSE LANE WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SWANSON, RUSSELL 14446 DRAFTHOUSE LANE WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 empowered 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 all other like empowered.

SIGNATURE:  R.J. SWANSON 7-11-05 561-784-9750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #