

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000044483

FILED
Apr 14, 2007
Secretary of State

Entity Name: SMARTHOUSE BODYSPA INC.

Current Principal Place of Business:

34 SW 8TH STREET
MIAMI, FL 33130

New Principal Place of Business:

2700 SW 3RD AVE
SUITE 2B
MIAMI, FL 33129

Current Mailing Address:

9341 E. BAY HARBOR DR., #2B
BAY HARBOR ISLANDS, FL 33154

New Mailing Address:

FEI Number: 65-1009677 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAVEN, CHARLES
9341 E. BAY HARBOR DR., #2B
BAY HARBOR ISLANDS, FL 33154 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CRAVEN, CHARLES
Address: 9341 E. BAY HARBOR DR., #2B
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: STD () Delete
Name: ALESSI, EDSON
Address: 9341 E. BAY HARBOR DR., #2B
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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.

SIGNATURE: EDSON ALESSI

STD

04/14/2007

Electronic Signature of Signing Officer or Director

Date