2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 18, 2005 8:00 am Secretary of State **DOCUMENT # P01000027384** 04-18-2005 90553 048 ***150.00 THE BODY ONE. INC. Principal Place of Business Mailing Address ∾vvvJ/U/ 1900 S OCEAN BLVD 1900 S OCEAN BLVD **APT. 11V APT. 11V** POMPANO BEACH, FL 33062 POMPANO BEACH, FL 33062 2. Principal Place of Business 3. Mailing Address 174<u>8 SE 21 Avenue</u> P.O. Box 603 Suite, Apt. #, etc. Suite, Apt. #, etc. 03012005 CR2E034 (10/03) Chg-P City & State City & State Applied For 4 FEI Number Pompano Beach, FL Deerfield Beach, FL 65-1092448 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33443-0603 33062 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DANIEL E. RISER Street Address (P.O. Box Number is Not Acceptable) 1900 S OCEAN BLBD, APT, 11V POMPANO BEACH, FL 33062 1748 SE 21 Avenue Zip Code 33062 City Pompano Beach 8. The above named entity submits this statery on to 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. 3-08-05 SIGNATURE: Signature, typec (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PD TITLE ☐ Defete TITLE Change ☐ Addition RISER, DANIEL É NAME NAME STREET ADDRESS 1900 S. OCEAN BLVD., APT. 11V STREET ADDRESS 1748 SE 21 Avenue Pompano Beach, FL CITY-ST-ZIP POMPANO BEACH, FL 33062 CITY-ST-ZIP 33062 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE - Dalete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Channe ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 single like empowered. changed, or on an attachment with an address, with all like empowered.

OFFICER OR DIRECTOR

3-08-05

Davisme Phone #

FILED