## 2005 FOR PROFIT CORPORATION

## Apr 04, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P01000043721 HARMONY MASSAGE & BODYWORK, INC. Mailing Address Principal Place of Business 13830 62 CT N 13830 62 CT N W PALM BEACH, FL 33412 W PALM BEACH, FL 33412 No Chg-P CR2E034 (10/03) 03282005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1102604 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DANNEELS, KRISTEN DO NOT WRITE 13830 62 CT N W PALM BEACH, FL 33412 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 life if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME DANNEELS, KRISTEN 13830 62 CT N STREET ADDRESS W PALM BEACH, FL 33412 CITY-ST-ZIP TITLE U00000287678 04/04/05-80076-021 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

12. Thereby 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 the empowered.

KRISTEN DANNEELS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

3/30/05

561-906-1334

FILED

Daytime Phone #