2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000107775

DELAND, FL 32720

City-St-Zip:

Entity Name: EXPERT BODY SHOP, INC.

FILED Feb 23, 2005 Secretary of State

Linuty Na	ille. EXI EXT	BODT OHOT, INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
108 W. BE DELAND,	RESFORD AV FL 32720	√E.			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
108 W. BE DELAND,	RESFORD AV FL 32720	√E.			
FEI Number	: 26-0005935	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
MOLINA, F 108 W. BE DELAND,	RESFORD A	VE. JS			
The above in the State	named entity e of Florida.	submits this statement for th	e purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered	Agent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (MOLINA, HORA 2638 FLOWINA DELAND, FL 3	G WELL RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D (MOLINA, LAUF 2638 FLOWIN		Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HORACIO MOLINA MR. 02/23/2005