2007 FOR PROFIT CORPORATION

SIGNATURE:

FILED Apr 02, 2007 08:00 AM Secretary of State **DOCUMENT # P02000022490** BODY BALANCING BY LISA, INC. Principal Place of Business Mailing Address 308 HIGHLAND DRIVE WEST 308 HIGHLAND DRIVE WEST LAKELAND, FL 33813 LAKELAND, FL 33813 No Chg-P CR2E034 (11/05) 01282007 DO NOT WRITE IN THIS SPACE 4. FEI Number 61-1434026 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent DO NOT WRITE SCHLEWITZ, LISA 308 HIGHLAND DRIVE WEST LAKELAND, FL 33813 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.

Applied For

\$8.75 Additional

Fee Required

Daytime Phone #

Not Applicable

FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	04/06/07-80067-009 150.00	
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHLEWITZ, LISA 308 HIGHLAND DRIVE. W. LAKELAND, FL 33813			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-SI-ZIP						
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TITLE NAME STREET ADDRESS CITY-SI-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-71P	,					

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 Instee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attactment with an address, with all yither like propowered.

(NOTE: Registered Agent signature required when reinstating)