2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000033080

Entity Name: 1-800-A NEW YOU, INC.

FILED Apr 13, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

505 DELTONA BLVD 2607 S WOODLAND BLVD,

STE 201 #265

DELTONA, FL 32725 DELAND, FL 32720

Current Mailing Address: New Mailing Address:

505 DELTONA BLVD 2607 S WOODLAND BLVD, STE 201 #265

DELTONA, FL 32725 DELAND, FL 32720

FEI Number: 75-3035559 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BALISE, PETER S
6939 SYLVAN WOODS DRIVE
505 DETONA BLVD STE 201
DELTONA, FL 32725

BALISE, PETER S
6939 SYLVAN WOODS DRIVE
5939 SYLVAN WOODS DRIVE
SANFORD, FL 32771

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: 04/13/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: PRES (X) Change () Addition

Name: BALISE, PETER S Name: BALISE, PETER S

Address: 6939 SYLVAN WOODS DRIVE Address: 6939 SYLVAN WOODS DRIVE

City-St-Zip: SANFORD, FL 32771 City-St-Zip: SANFORD, FL 32771

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: PETER S BALISE PRES 04/13/2004

Electronic Signature of Signing Officer or Director

Date