

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000060934</b>		
1. Entity Name ULTIMATE BODY CHALLENGE, INC.		
Principal Place of Business 9112 SEMINOLE BOULEVARD SEMINOLE, FL 33772	Mailing Address 9112 SEMINOLE BOULEVARD SEMINOLE, FL 33772	 01212004 No Chg-P CR2E034 (10/03) 4. FEI Number 01-0704170 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  DRIGGERS, BRENDA 2244 FIRST AVENUE N. ST. PETERSBURG, FL 33713		
<b>DO NOT WRITE IN THIS SPACE</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000129325 04/26/04-80073-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRADEN, JAMES 9112 SEMINOLE BOULEVARD SEMINOLE, FL 33772	<b>DO NOT WRITE IN THIS SPACE</b>
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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 another like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-22-04 Date Daytime Phone #