2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2005 8:00 am Secretary of State

1. Entity Name	DOCUMENT # P02000070955 1. Entity Name YOGA DEN, INC.				02-14-2005 90057 042 ***150.00			
Principal Place of 11362-20 SAN JACKSONVILLE,	I JOSE BLVD	LVD 223						
2. Principal Plac		<u> </u>						
Suite, Apt. #, etc. Suite, Apt. #, etc.			ner Cove i	01122005	Chg-P	CR2E034 (10/03)		
# 2 City & State		City & State		4. FEI Numb	er	<u>', '</u>	plied For	
Jackson Jackson	MVILLE PL Country	Jacksonville	Country	33-101	0152 of Status Desired	No □ \$8.75 Add	t Applicable litional	
3222	6. Name and Address of Current R	32223 legistered Agent	<u>USA</u>		1 Address of New Re	Fee Required		
FOREACRE, CHESTER C JR								
11362-20 SAN JOSE BLVD JACKSONVILLE, FL 32223				Street Address (P.O. Box Number is Not Acceptable)				
				2929 Plummer Cove Rd #2				
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 redistered agent.								
SIGNATURE Signature, lyped or photod name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND D	,	11.	ADDITIONS	/CHANGES TO OFFI	CERS AND DIRECTORS		
	FOREACRE, CHESTER C JR	☐ Delete	TITLE NAME			⊠ Change	Addition \	
	11362-20 SAN JOSE BLVD JACKSONVILLE, FL 32223		STREET ADDRESS CITY-S1-ZIP	2929 Plus	mmer Cov ville FL	e Ka #2 . 32223		
,	VP	☐ Delete	TITLE	VILLAGO //	VIII	⊠ Change	Addition	
STREET ADDRESS 1	FOREACRE, ALYSON M 11362-20 SAN JOSE BLVD JACKSONVILLE, FL 32223		NAME STREET ADDRESS CITY-ST-ZIP	2929 Pl	ummer Co	ve Rd #2	}	
TITLE		☐ Delete	TITLE	JUCCOM	<u> </u>	Change	Addition	
STREET ADORESS CITY-ST-ZIP	• •	<u> </u>	STREET ADDRESS CITY-ST-ZIP	-			-	
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS					
TITLE		☐ Delete	CITY-ST-ZIP TITLE		, <u>,</u>	☐ Change	Addition	
NAME STREET ADDRESS			NAME Street adoress		•			
CITY-ST-ZIP			CITY-ST-ZIP	* "				
NAME		. Delete	TITLE NAME	•		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
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 all other like empowered.								
SIGNATURE: 1/8/08 SIGNATURE AND TYPES OF WHINTED NAME OF SIGNING OFFICER OR DIRECTOR Days The Phone #								