

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90272 003 ***150.00

DOCUMENT # P02000088822	✓
1. Entity Name BODY BALANCING BY AMANDA, INC.	

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30000130

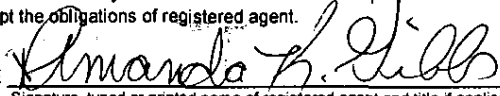
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. C/O 100 E. LINTON BLVD #123-B		Suite, Apt. #, etc.	
City & State DELRAY BCH FL		City & State	
Zip 33483	Country	Zip	Country

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4. FEI Number 56-2286416	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

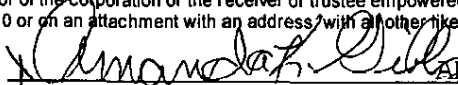
7. Name and Address of Current Registered Agent	
Name AMANDA GIBBS	
Street Address (P.O. Box Number is Not Acceptable) C/O 100 E LINTON BLVD #123-B	
City DELRAY BEACH	FL Zip Code 33483

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 	AMANDA GIBBS	04/12/03
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	PRES, SEC	TITLE	
NAME	AMANDA GIBBS	NAME	
STREET ADDRESS	C/O 100 E. LINTON BLVD #123-B	STREET ADDRESS	
CITY - ST - ZIP	DELRAY BCH, FL 33483	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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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 on an attachment with an address with another like empowered.	
SIGNATURE:  AMANDA GIBBS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	04/12/03 954-560-5262 <small>Date Daytime Phone #</small>

CR2E034B (12/02)