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Secretary of State
02-11-2005 90043 033 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000094652

1. Entity Name
BODY MECHANICS WELLNESS, INC.

Principal Place of Business	Mailing Address
6713 N.W. 127 TERRACE PARKLAND, FL 33076	11524 WILES ROAD CORAL SPRINGS, FL 33076

50013818

02092005 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 6713 N.W. 127th Terrace	3. Mailing Address: 10391 Royal Palm Blvd.
Suite, Apt. #, etc.: Parkland, Florida	Suite, Apt. #, etc.
City & State	City & State: Coral Springs, Florida
Zip: 33076 Country: U.S.A.	Zip: 33067 Country: U.S.A

4. FEI Number: 34-2072507 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLYNN, THOMAS C 6713 N.W. 127 TERRACE PARKLAND, FL 33076	Name: Same Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

N/A.

SIGNATURE ______ Signature, typed or printed name of registered agent and title 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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLYNN, THOMAS C 6713 N.W. 127 TERRACE PARKLAND, FL 33076	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FLYNN, MARIA G 6713 N.W. 127 TERRACE PARKLAND, FL 33076	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Maria G. Flynn   February 9, 2005   954 304-2216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #