

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000018219

FILED
Jan 20, 2004
Secretary of State

Entity Name: TOTAL HEALTH & REJUVENATION CENTER, INC.

Current Principal Place of Business:

3345 BURNS ROAD
SUITE 206
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

3345 BURNS ROAD
SUITE 206
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 61-1442546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWERS, WILLIAM K
11300 US HWY. ONE, SUITE 400
N. PALM BCH, FL 33408 US

Name and Address of New Registered Agent:

POWERS, WILLIAM K
3345 BURNS RD
SUITE 206
PALM BEACH GARDENS, FL 33410 US

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: WILLIAM K POWERS

01/20/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: POWERS, WILLIAM K
Address: 11300 US HWY. ONE, SUITE 400
City-St-Zip: N. PALM BCH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: POWERS, WILLIAM K
Address: 3345 BURNS RD STE 206
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: WILLIAM K POWERS

D

01/20/2004

Electronic Signature of Signing Officer or Director

Date