2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90338 004 ***150.00

DOCUMENT # P03000144051

1. Entity Name
BODY XCHANGE, INC.

Principal Place of Business	Mailing Address
4460 LEGENDARY DRIVE SUITE 190 DESTIN, FL 32541	4460 LEGENDARY DRIVE SUITE 190 DESTIN, FL 32541

04272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
607 Highway 98 E.	607 Highway 98E
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Destin Florida	City & State: Destin Florida
Zip: 32541 Country: U.S	Zip: 32541 Country: U.S

4. FEI Number: 20-0932133 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TIPLER, JAMES H
4460 LEGENDARY DRIVE, SUITE 190
DESTIN, FL 32541-5380

7. Name and Address of New Registered Agent

Name
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.

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, 2004 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 BARBER, GREG 21407 BABBIE RD. ANDALUSIA, AL 36420	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P Kim BARBER 21407 BABBie ROAD ANDALUSIA AL. 36420	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST CAPPS, JEANNIE 23674 ALSABROOK RD. ANDALUSIA, AL 36420	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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
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: Greg Barber Pres. 4-27-04 (334) 493-7526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

Greg Barber