

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000110496

FILED
Aug 01, 2007
Secretary of State

Entity Name: BODYWORKS BY NICHOLAS SMITH INC.

Current Principal Place of Business:

5760 SHIRLEY ST
UNIT 7
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

5760 SHIRLEY ST #7
NAPLES, FL 34109

New Mailing Address:

FEI Number: 59-2492185 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY ROAD
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, NICHOLAS
Address: 5255 BIRMINGHAM DRIVE #202
City-St-Zip: NAPLES, FL 34110

Title: MR () Delete
Name: SMITH, NICHOLAS M PRES
Address: 5255 BIRMINGHAM 202
City-St-Zip: NAPLES, FL 34110 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SMITH, NICHOLAS
Address: 5760 SHIRLEY ST. UNIT #7
City-St-Zip: NAPLES, FL 34109

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: NICHOLAS SMITH

PRES

08/01/2007

Electronic Signature of Signing Officer or Director

_____ Date