


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90076 049 \*\*\*150.00

<b>DOCUMENT # P04000127772</b>	
1. Entity Name <b>EVERY WOMAN COMPLETE HEALTH STUDIO, INC.</b>	

Principal Place of Business <b>2760 SE 17TH STREET #500 OCALA, FL 34471 US</b>	Mailing Address <b>2833 NE 19TH AVENUE OCALA, FL 34470 US</b>
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2. Principal Place of Business - No P.O. Box # <b>1425 NE 63rd St</b>	3. Mailing Address <b>SAME AS ABOVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>OCALA Florida</b>	City & State <b>ABOVE</b>
Zip <b>34479</b>	Country <b>marion</b>
Zip	Country

6. Name and Address of Current Registered Agent <b>COOLEY, THOMAS J GPA 1409 NE 22ND AVENUE OCALA, FL 34471</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable. DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COY-TOZZO, SHANNON L 2833 NE 19TH AVE OCALA, FL 34470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COY, CATHY K 2831 NE 19TH AVE OCALA, FL 34470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **President** **7/17/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #