


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90846 038 ***150.00

DOCUMENT # P05000000681 1. Entity Name RELAXING MOMENTS BODY SPA, INC.					
Principal Place of Business 12408 N 56TH ST SUITE 3 TAMPA, FL 33617			Mailing Address % TEMPLE H. DRUMMOND, ESQ 6325 JACQUELINE ARBOR DR TEMPLE TERRACE, FL 33617		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>c/o Temple H. Drummond, Esq.</i> Suite, Apt. #, etc. 328 West Bearss Avenue			
Suite, Apt. #, etc.		City & State Tampa, Florida			
City & State		Zip 33613		Country USA	
4. FEI Number 20-2136656		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DRUMMOND, TEMPLE H 6325 JACQUELINE ARBOR DR TEMPLE TERRACE, FL 33617			7. Name and Address of New Registered Agent Name <i>Temple H. Drummond, Esq.</i> Street Address (P.O. Box Number is Not Acceptable) <i>c/o Drummond Wehle & Ross LLP</i> 328 West Bearss Avenue City <i>Tampa</i> FL Zip Code <i>33613</i>		
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 <i>Temple H. Drummond, Temple H. Drummond</i> DATE <i>7/26/2007</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D HALL, CATHERINE 12408 N 56TH ST - STE 3 TAMPA, FL 33617	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>X C Hall</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <i>(813) 985-5500</i> <small>Daytime Phone #</small>	

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