


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

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

04-30-2007 90846 038 \*\*\*150.00

DOCUMENT # P0500000681			
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.		Suite, Apt. #, etc. <i>328 West Bearss Avenue</i>	
City & State		City & State <i>Tampa, Florida</i>	
Zip	Country	Zip	Country
<i>33613</i>		<i>33613</i>	<i>USA</i>
4. FEI Number <i>20-2136656</i>		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 &amp; Ross LLP</i> <i>328 West Bearss Avenue</i> 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>	
<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2007 Fee will be \$550.00</b></p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, CATHERINE	NAME	
STREET ADDRESS	12408 N 56TH ST - STE 3	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33617	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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>		Date <i>(813) 985-5500</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

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