

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2007 8:00 am
Secretary of State

08-07-2007 90026 037 ***150.00

DOCUMENT # P05000006336 1. Entity Name NORTH RIVER BODY THERAPIES, INC					
Principal Place of Business 909 25TH DR E ELLENTON, FL 34222 US			Mailing Address 909 25TH DR E ELLENTON, FL 34222		
2. Principal Place of Business - Non P.O. Box # 905 25th Dr. E.		3. Mailing Address 905 25th Dr. E.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 		4. FEI Number 20-2156043	
Zip 		Country 		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEITRICK, NICOLE A 909 25TH DR E ELLENTON, FL 34222				7. Name and Address of New Registered Agent 	
8. The above named entity submits this statement for the purpose of changing its registered office, principal office, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent.				Signature of registered agent and date of signature 	
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007				9. Record of Changes to Officers and Directors ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME DEITRICK, NICOLE A STREET ADDRESS 909 25TH DR E CITY, ST, ZIP ELLENTON, FL 34222	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY, ST, ZIP 	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY, ST, ZIP 	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY, ST, ZIP 	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY, ST, ZIP 	☐ Change ☐ Addition				
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 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 119, 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 filers.					
SIGNATURE: <i>Nicole Deitrick</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR				Date: 8/2/07 Daytime Phone: (941) 721-4539	

ATTACHMENT

40128364

P05000006336

North River Body Therapies, Inc.
905 25th Drive East
Ellenton, FL 34222

August 2, 2007

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 8700
Tallahassee, FL 32314

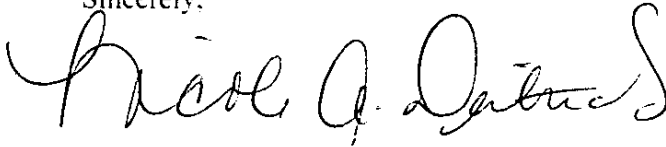
Dear Sir,

I am enclosing my Annual Report for 2007 and my check for \$150.00 along with this letter. I did not receive my original notification regarding the annual report filing. Since I changed my address, I've found some of my mail does not reach me.

I have made the address changes on the enclosed report.

Therefore, please accept this filing for 2007 and my apologies for filing late.

Sincerely,

A handwritten signature in cursive script, appearing to read "Nicole A. Deitrick".

Nicole Deitrick
President