# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 09, 2009**
**Secretary of State**

DOCUMENT# P05000006336

**Entity Name:** NORTH RIVER BODY THERAPIES, INC

**Current Principal Place of Business:**

905 25TH DR. E
ELLENTON, FL 34222 US

**New Principal Place of Business:**

907 25TH DR. E
ELLENTON, FL 34222 US

**Current Mailing Address:**

905 25TH DR. E
ELLENTON, FL 34222 US

**New Mailing Address:**

907 25TH DR. E
ELLENTON, FL 34222 US

**FEI Number: 20-2156043** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEITRICK, NICOLE A
905 25TH DR. E
ELLENTON, FL 34222 US

**Name and Address of New Registered Agent:**

DEITRICK, NICOLE A
907 25TH DR. E
ELLENTON, FL 34222 US

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: _____ 01/09/2009
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: DEITRICK, NICOLE A
Address: 905 25TH DRIVE EAST
City-St-Zip: ELLENTON, FL 34222 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: DEITRICK, NICOLE A
Address: 907 25TH DRIVE EAST
City-St-Zip: ELLENTON, FL 34222 US

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: NICOLE DEITRICK PRES 01/09/2009
Electronic Signature of Signing Officer or Director — Date