


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90065 009 ***150.00

DOCUMENT # P05000008648	
1. Entity Name PEACEFUL YOGA STUDIO, INC.	

Principal Place of Business 2105 PARK AVE., STE. 26 ORANGE PARK, FL 32073	Mailing Address 5000-18 HIGHWAY 17, PMB 250 ORANGE PARK, FL 32003
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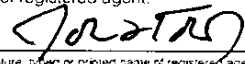
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 2105 Park Ave. #26 Suite, Apt. #, etc.
City & State	City & State Orange Park, FL
Zip Country	Zip Country 32073 Clay



01112008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent JORGENSEN, RUBI I. 1484 SCARLETT WAY GREEN COVE SPRINGS, FL 32043	7. Name and Address of New Registered Agent Name John F. Tolson, Jr. Street Address (P.O. Box Number is Not Acceptable) 462 Kingsley Ave. Suite 101 City Orange Park FL Zip Code 32073
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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  DATE 1-11-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORGENSEN, RUBI I. <input checked="" type="checkbox"/> Delete 5000-18 HIGHWAY 17, PMB 250 ORANGE PARK, FL 32003	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Bonita R. Morgan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2105 Park Ave. #26 Orange Park, Florida 32073 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORGENSEN, RAYMOND D. <input checked="" type="checkbox"/> Delete 5000-18 HIGHWAY 17, PMB 250 ORANGE PARK, FL 32003	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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
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
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
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

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:  DATE 1-11-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR