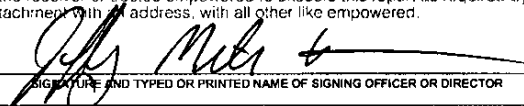


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90033 026 ***150.00

DOCUMENT # P05000026339 1. Entity Name BAREFOOT BODYWORK, INC.		
Principal Place of Business 837 TIMOR AVENUE ORLANDO, FL 32804		Mailing Address 837 TIMOR AVENUE ORLANDO, FL 32804
2. Principal Place of Business PO Box 3314 Suite, Apt. #, etc.		3. Mailing Address PO Box 3314 Suite, Apt. #, etc.
City & State Winter Park, FL Zip 32790		City & State Winter Park, FL Zip 32790
4. FEL Number 03-0579605		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DRAVES, DONNA L ESQ. 120 E. CONCORD STREET ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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 _____ Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reconstituting)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 KEEVER, JEFFREY M 837 TIMOR AVENUE ORLANDO, FL 32804	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARTEMISA, SAMADHI STAR 837 TIMOR AVENUE ORLANDO, FL 32804	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Box 3314 Winter Park, Florida 32790	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Box 3314 Winter Park, Florida 32790	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Box 3314 Winter Park, Florida 32790	☐ 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with address, with all other like empowered.		
SIGNATURE: 		Date: 1/26/06 Daytime Phone #: 407-405-3598