

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-30-2007 90419 030 ***150.00

DOCUMENT # PO5000037351	
1. Entity Name PO5000037351	
THAT'S A WRAP! BODY WRAPS, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12564 SPRING HILL DR.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SPRING HILL, FL		City & State	
Zip 34609	Country	Zip	Country

40089595

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name KATHLEEN CHAMBERS, P.A.A	
	Street Address (P.O. Box Number is Not Acceptable) 19459 YONTZ ROAD	
	City BROOKSVILLE	Zip Code 34601

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 Kathleen Chambers, PA **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	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.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KATHLEEN CHAMBERS 19459 YONTZ ROAD BROOKSVILLE, FL 34601	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDNET AMMERETT M. TETRAULT 10140 VANCOUVER RD. SPRING HILL, FL 34608	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Kathleen Chambers, PA **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** _____ **Daytime Phone #** _____