

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000129149

Entity Name: THE BODY ZONE, INC.

FILED
Jan 13, 2006
Secretary of State

Current Principal Place of Business:

1490 NE PINE ISLAND RD UNIT 6-A
CAPE CORAL, FL 339092134

Current Mailing Address:

1490 NE PINE ISLAND RD UNIT 6-A
CAPE CORAL, FL 339092134

New Principal Place of Business:

1490 NE PINE ISLAND RD
UNIT 6-A
CAPE CORAL, FL 339092134 US

New Mailing Address:

1490 NE PINE ISLAND RD
UNIT 6-A
CAPE CORAL, FL 339092134 US

FEI Number: 42-1680805

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAKESTRAW, BETH
1490 NE PINE ISLAND RD UNIT 6-A
CAPE CORAL, FL 33909 US

Name and Address of New Registered Agent:

CRAFT, WALTER
1490 NE PINE ISLAND RD
UNIT 6-A
CAPE CORAL, FL 33909 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: WALTER CRAFT

01/13/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CRAFT, WALTER
Address: 1490 NE PINE ISLAND RD UNIT 6-A
City-St-Zip: CAPE CORAL, FL 339092134

Title: V (X) Delete
Name: RAKESTRAW, MICHAEL
Address: 1490 NE PINE ISLAND RD UNIT 6-A
City-St-Zip: CAPE CORAL, FL 339092134

Title: V (X) Delete
Name: RAKESTRAW, BETH
Address: 1490 NE PINE ISLAND RD UNIT 6-A
City-St-Zip: CAPE CORAL, FL 339092134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: CRAFT, WALTER
Address: 1490 NE PINE ISLAND RD UNIT 6-A
City-St-Zip: CAPE CORAL, FL 339092134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WALTER CRAFT

PS

01/13/2006

Electronic Signature of Signing Officer or Director

Date