


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90005 009 ***150.00

| | | | | | |
|--|---|---|--|---|--|
| DOCUMENT # P06000085665 1. Entity Name FEELING GROOVY BODY WORKS, INC. | | | |  | |
| Principal Place of Business 5240 S ATWOOD TERRACE INVERNESS, FL 34452 US | | | Mailing Address 5240 S ATWOOD TERRACE INVERNESS, FL 34452 US | | |
| 2. Principal Place of Business - No P.O. Box # 5240 S. ATWOOD Terr | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Inverness FL | | City & State | | 4. FEI Number 205121592 | |
| Zip 34452 | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MITCH, EMILY K 5240 S ATWOOD TERRACE INVERNESS, FL 34452 | | | 7. Name and Address of New Registered Agent Name NONE 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 N/A <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | P MITCH, EMILY K 5240 S ATWOOD TERRACE INVERNESS, FL 34452 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: Emily K Mitch <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 5-14-07 352-637-1737 <small>Date Daytime Phone #</small> | | |

40113742



05012007 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

ATTACHMENT

40113.742

Division of Corporations

Annual Report

Please review the filing for accuracy and the fee to file. If you need to make corrections, use your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' button again. The filing information will be updated exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed cancelled or refunded.

| | |
|---|---------------------------------|
| Document Number | P06000085665 |
| Business Entity Name | FEELING GROOVY BODY WORKS, INC. |
| FEI Number | 205121592 |
| FEI Number Status | |
| Certificate of Status Desired | No |
| Election Campaign Financing Trust Fund Contribution | No |

Principal Place of Business

| | |
|---------------------|-----------------------|
| Address | 5240 S ATWOOD TERRACE |
| Suite, Apt. #, etc. | |
| City, State | INVERNESS, FL |
| Zip Code & Country | 34452 US |

Mailing Address

| | |
|---------------------|-----------------------|
| Address | 5240 S ATWOOD TERRACE |
| Suite, Apt. #, etc. | |
| City, State | INVERNESS, FL |
| Zip Code & Country | 34452 US |

Name and Address of Registered Agent

| | |
|-----------------------------------|-----------------------|
| Name (Last, First, Middle, Title) | MITCH, EMILY, K |
| Address | 5240 S ATWOOD TERRACE |
| Suite, Apt. #, etc. | |
| City, State | INVERNESS, FL |
| Zip Code & Country | 34452 US |

Registered Agent Signature

Officer/Director Name and Address

| | |
|-----------------------------------|-----------------------|
| Title | P |
| Name (Last, First, Middle, Title) | MITCH, EMILY, K |
| Street Address | 5240 S ATWOOD TERRACE |
| City, State | INVERNESS, FL |
| Zip Code & Country | 34452 US |

| | |
|----------------------------|----------------|
| Title | P |
| Officer/Director Signature | EMILY K. MITCH |

Emily K. Mitch

Continue