2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000132184

Entity Name: A BALANCED BODY MASSAGE, INC.

FILED Mar 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

315 SW SALERNO ROAD 594 SE HIDDEN RIVER DR. STUART, FL 34997 PORT SAINT LUCIE, FL 34983

Current Mailing Address: New Mailing Address:

413 SW CALIFORNIA AVE STUART, FL 34994

FEI Number: 20-5083475 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LORRAINE, LEWIS
315 SW SALERNO RD
594 HIDDEN RIVER DR
STUART, FL 34997 US
PORT SAINT LUCIE, FL 34983 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: LORRAINE LEWIS 03/25/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition Name: LEWIS, LORRAINE Name: LEWIS, LORRAINE Address: 315 SW SALERNO RD Address: 594 SE HIDDEN RIVER DR

 Address:
 315 SW SALERNO RD
 Address:
 594 SE HIDDEN RIVER DR

 City-St-Zip:
 STUART, FL 34997
 City-St-Zip:
 PORT SAINT LUCIE, FL 34983

I hereby certify that the information supplied with this filing does not qualify 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: LORRAINE LEWIS DP 03/25/2009