


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90032 015 ***150.00

DOCUMENT # P07000091353

1. Entity Name
BODY CONCEPTS & CO., INC.



Principal Place of Business
**400 COREY AVENUE, 2ND FLOOR
 ST PETE BEACH, FL 33706**

Mailing Address
**400 COREY AVENUE, 2ND FLOOR
 ST PETE BEACH, FL 33706**

2. Principal Place of Business - No P.O. Box #
5914 19th Avenue S.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Gulfport, FL

City & State
 Suite, Apt. #, etc.

4. FEI Number
26-0701032

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MCNAMARA, TERRANCE P ESQ.
 400 COREY AVENUE, 2ND FLOOR
 ST PETE BEACH, FL 33706**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 | DPS ALBERT, KIMBERLY R 5914 19TH AVENUE S GULFPORT, FL 33707 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT ALBERT, BELINDA 5301 GULF BLVD. C507 ST PETE BCH, FL 33706 <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: Kimberly R. Albert 3-15-08
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #