2008 FOR PROFIT CORPORATION

FILED May 01, 2008 08:00 AN Secretary of State ANNUAL REPORT **DOCUMENT # P07000121365** 1. Entity Name BODY HARMONY, INC. Mailing Address Principal Place of Business 20 SURF ROAD PO BOX 244456 **BOYNTON BEACH, FL 33424** OCEAN RIDGE, FL 33435 CR2E034 (11/05) 04282008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 26-1368106 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MAYIM, SURAH L DO NOT WRITE 20 SURF ROAD OCEAN RIDGE, FL 33435 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be U00000941509 FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 05/28/08-80108-019 150.00 10. OFFICERS AND DIRECTORS TITLE MAYIM, SURAH L NAME STREET ADDRESS PO BOX 244456 BOYNTON BEACH, FL 33424 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

I hereby certify that the information supplied with this filling 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 of 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: 1

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME OF BIGHING OFFICER OR DIR

Daylime Phone #