

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000025779

FILED  
May 07, 2010  
Secretary of State

**Entity Name:** BLUE LOTUS BODY EMPORIUM, INC.

**Current Principal Place of Business:**

1906 US HWY 19  
HOLIDAY, FL 34691 US

**New Principal Place of Business:**

**Current Mailing Address:**

8236 GULF WAY  
HUDSON, FL 34667 US

**New Mailing Address:**

**FEI Number:** 26-2154375

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BEADLING, DEBRA L  
8236 GULF WAY  
HUDSON, FL 34667 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

**Title:** P/D  
**Name:** BEADLING, DEBRA L  
**Address:** 8236 GULF WAY  
**City-St-Zip:** HUDSON, FL 34667 US

**Title:** V/D  
**Name:** BEADLING, JAMES  
**Address:** 8236 GULF WAY  
**City-St-Zip:** HUDSON, FL 34667 US

**Title:** S  
**Name:** BEADLING, DEBRA L  
**Address:** 8236 GULF WAY  
**City-St-Zip:** HUDSON, FL 34667 US

**Title:** T  
**Name:** BEADLING, JAMES  
**Address:** 8236 GULF WAY  
**City-St-Zip:** HUDSON, FL 34667 US

I hereby 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 all other like empowered.

**SIGNATURE:** DEBRA L. BEADLING

PDS

05/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date