

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000031564

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** ULTIMATE BODY WELLNESS, INC.

**Current Principal Place of Business:**

11007 ULLSWATER LANE  
WINDERMERE, FL 34786

**New Principal Place of Business:**

**Current Mailing Address:**

11007 ULLSWATER LANE  
WINDERMERE, FL 34786

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

DECAUL, MICHELE  
814 MIAMI SPRINGS DRIVE  
LONGWOOD, FL 32779    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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TIMS, RIVA  
Address: P.O. BOX 1012  
City-St-Zip: OCOEE, FL 34761

Title: VP  
Name: DECAUL, MICHELE  
Address: P.O. BOX 1012  
City-St-Zip: OCOEE, FL 34761

Title: T  
Name: BOLES, VARIAN  
Address: P.O. BOX 1012  
City-St-Zip: OCOEE, FL 34761

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: MICHELE DECAUL

VP

04/30/2012

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

\_\_\_\_\_ Date