



**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P93000046324</b> 1. Entity Name <b>THE BIOELECTRIC BODY INC.</b>	
--	---

Principal Place of Business <b>497 N. HARBOR CITY BOULEVARD MELBOURNE, FL 32935 US</b>	Mailing Address <b>497 N. HARBOR CITY BOULEVARD MELBOURNE, FL 32935 US</b>
---	---

**DO NOT WRITE IN THIS SPACE**



01152008 No Chg-P CR2E034 (11/05)

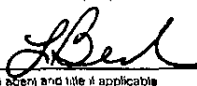
4. FEI Number <b>59-3189456</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BECK, LINNETTE  
497 N. HARBOR CITY BOULEVARD  
MELBOURNE, FL 32935**

**DO NOT WRITE  
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  DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

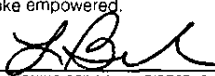
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000798218 01/30/08-80020-011 150.00</b>
---	---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BECK, LINNETTE 497 N. HARBOR CITY BOULEVARD MELBOURNE, FL 32935</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BECK, BRIAN 497 N. HARBOR CITY BOULEVARD MELBOURNE, FL 32935</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:  **1/14/08 321-259-9090**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #