2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Aug 02, 2006 8:00 am Secretary of State DOCUMENT # P96000020871 08-02-2006 90002 048 ***150.00 ADVANCED BODY CONTOURS, INC. Principal Place of Business Mailing Address 1118 S MOODY AVE 1118 S MOODY AVE TAMPA, FL 33629 TAMPA, FL 33629 2. Principal Place of Business 3. Mailing Address PO Box Suite, Apt. #, etc. Suite, Apt. #, etc. 07292006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For NI withna VU 65-0658048 *νΟ†ι*οφο, Not Applicable Country Country Zin \$8.75 Additional 5. Certificate of Status Desired USA 4 Z V Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **GOLOMAN, BONNIE S** 1118 S MOODY AVE Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 33629 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. 7-29-06 or registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Delete ■ Addition **GOLDMAN, BONNIE S** NAME PO BOX 1431 1118 S MOODY AVE STREET ADORESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33629 CITY-ST-ZIP Huntington TITLE Detete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CETY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 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. Doldman 29106 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR Daytime Phone ∉

FILED

ATTACHMENT

Please help, 50023853 1-29-04

With all the changes I have had Moune to New York, Name Change for Corporation Etc I did not receive may flow form. I thought my address change had been made, but as I download I see differently - with that I am confused. You still have bonnie Deleman OH wished 41 I finally received this notice of intent beduesal correctly.

My becometant said there would be a box to pluck that I did not necessed this document - advised me to download a I could pay the \$150-which I have enclosed along with Necessary changes Please Pall or write me if I weed to do anything further.

Sincerely

Bennie Hollman