2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 27, 2005 08:00 AM **Secretary of State DOCUMENT # P96000052855** 1. Entity Name BODY BY SKIP, INC. Principal Place of Business Mailing Address 3234 TROTTING HORSE PLACE 3234 TROTTING HORSE PLACE JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32225 01202005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3412028 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent COHEN, AARON R DO NOT WRITE 6712 ATLANTIC BLVD JACKSONVILLE, FL 32202 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_ Signature, typed or printed name of registered agent and title if applicable (NDTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE U00000198810 01/27/05-80067-004 150.00 MAME SYLVESTER, DONALD STREET ADDRESS 3234 TROTTING HORSE PLACE CUTY-ST-ZIP JACKSONVILLE, FL 32225 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY - ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP THE NAME STREET ADDRESS CITY - ST - 7/P 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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. I further certify that the information indicated on this report or supplemental report is true and supplemental report is true and supplemental report is reported by Chapter 607, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and supplemental report is reported by Chapter 607, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and supplemental report is true and

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OF SIGNING OFFICER OR DIRECTOF

SIGNATURE:

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