

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000021144

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: HEALTHTOUCH BODYWORK SYSTEMS, INC.

**Current Principal Place of Business:**

2265 LEE ROAD  
STE 221  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

**Current Mailing Address:**

2265 LEE ROAD  
STE 221  
WINTER PARK, FL 32789 US

**New Mailing Address:**

FEI Number: 59-3427630      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NELEN, BARBARA  
612 GROVE CT  
MAITLAND, FL 32751 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: NELEN, BARBARA R  
Address: 612 GROVE CT  
City-St-Zip: MAITLAND, FL 32751

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: FREY, LYNDA  
Address: 1242 E. RIDGEWOOD ST  
City-St-Zip: ORLANDO, FL 32803

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BARBARA R NELEN

P

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date