

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000021144

FILED  
Apr 27, 2011  
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

**OFFICERS AND DIRECTORS:**

**Title:** PST  
**Name:** NELEN, BARBARA R  
**Address:** 612 GROVE CT  
**City-St-Zip:** MAITLAND, FL 32751 US

**Title:** D  
**Name:** FREY, LYNDIA  
**Address:** 990 WHISPERING OAK DRIVE  
**City-St-Zip:** CASTLE ROCK, CO 80104 US

**Title:** VP  
**Name:** NELEN, ALEXA D  
**Address:** 612 GROVE CT  
**City-St-Zip:** MAITLAND, FL 32751 US

**Title:** D  
**Name:** NELEN, ANDREW C  
**Address:** 612 GROVE CT  
**City-St-Zip:** MAITLAND, FL 32751 US

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: BARBARA R NELEN

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04/27/2011

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

\_\_\_\_\_  
Date