2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Aug 14, 2007
Secretary of State

DOCUMENT# P97000108433

Entity Name: BODYWORKS CENTER FOR PERFECT HEALTH, INC.

Current Principal Place of Business:

535 NORMANDY
MADERIA BEACH, FL 33708

New Principal Place of Business:

Current Mailing Address:

535 NORMANDY
MADERIA BEACH, FL 33708

New Mailing Address:

14266 N. GALATEA DR.
#A
FOUNTAIN HILLS, AZ 85268

FEI Number: 59-3495679 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SLEDGE, SHERRY L
535 NORMANDY
MADERIA BEACH, FL 33708 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: SHERRY L. SLEDGE

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SLEDGE, SHERRY L
Address: 16940 WINDCHIME DR.
City-St-Zip: FOUNTAIN HILLS, AZ 85268

Title: P ( ) Delete
Name: SLEDGE, SHERRY L
Address: 756 MARLIN SPIKE DR.
City-St-Zip: PENSACOLA, FL 32507

Title: ST (X) Delete
Name: SHORE, SHARLA L
Address: 16940 WINDCHIME DR.
City-St-Zip: FOUNTAIN HILLS, AZ 85268

Title: VP (X) Delete
Name: SHORE, SHARLA
Address: 756 MARLIN SPIKE DR
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SLEDGE, SHERRY L
Address: 14266 N. GALATEA DR. #A
City-St-Zip: FOUNTAIN HILLS, AZ 85268

Title: STVP (X) Change ( ) Addition
Name: SHORE, SHARLA L
Address: 31936 CEDAR HILL LANE
City-St-Zip: LAKE ELSINORE, CA 92532

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

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

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: SHERRY L. SLEDGE PRES 08/14/2007

Electronic Signature of Signing Officer or Director — Date