

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000108433

FILED  
Apr 20, 2009  
Secretary of State

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:

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

## 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  
14266 N. GALATEA DR. # A  
FOUNTAIN HILLS ARIZONA, FL 85268 US

## Name and Address of New Registered Agent:

SLEDGE, SHERRY L  
14266 N. GALATEA DR. # A  
FOUNTAIN HILLS ARIZONA, FL 85268 US

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 SLEDGE

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 SLEDGE

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date