

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 08, 2005 8:00 am**  
**Secretary of State**

08-08-2005 90049 047 \*\*\*150.00

**50060504**



<b>DOCUMENT # P98000042425</b> 1. Entity Name <b>BODY AWARENESS MASSAGE &amp; HERBS, INC.</b>																																																					
Principal Place of Business <b>495 OLD OAK CIRCLE</b> <b>PALM HARBOR, FL 34683</b>			Mailing Address <b>495 OLD OAK CIRCLE</b> <b>PALM HARBOR, FL 34683</b>																																																		
2. Principal Place of Business <b>2650 Tampa Rd</b> Suite, Apt. #, etc. <b>Suite C</b> City & State <b>Palm Harbor FL.</b> Zip <b>34684</b>		3. Mailing Address <b>SAME AS #2</b> Suite, Apt. #, etc.  City & State  Zip  Country		08012005    Chg-P    CR2E034 (10/03)																																																	
4. FEI Number <b>59-3522201</b>		Applied For <input type="checkbox"/> Not Applicable																																																			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				6. Name and Address of Current Registered Agent <b>REYNOLDS, CYNTHIA</b> <b>495 OLD OAK CIRCLE</b> <b>PALM HARBOR, FL 34683</b>																																																	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1290 Clays Trail</b> City <b>Oldsmar</b> <b>FL</b> Zip Code <b>34677</b>				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 <u><i>Cynthia M Reynolds</i></u> DATE <u>8-3-05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																																	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 60%;"> <b>D, P.</b>  <b>REYNOLDS, CYNTHIA</b>  <b>495 OLD OAK CIRCLE</b>  <b>PALM HARBOR, FL 34683</b> </td> <td style="width: 10%; text-align: right;"> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, P.</b> <b>REYNOLDS, CYNTHIA</b> <b>495 OLD OAK CIRCLE</b> <b>PALM HARBOR, FL 34683</b>	<input type="checkbox"/> Delete																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '1 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 60%;"> <input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition  <b>1290 Clays Trail</b>  <b>Oldsmar FL 34677</b> </td> <td style="width: 10%; text-align: right;"> <input type="checkbox"/> Change    <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1290 Clays Trail</b> <b>Oldsmar FL 34677</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition																					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																					
SIGNATURE: <u><i>Cynthia M Reynolds</i></u> DATE <u>8-3-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																					