2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000043396

Entity Name: GENTLE TOUCH DAY SPA, INC.

FILED May 14, 2004 Secretary of State

() Change () Addition

Current Principal Place of Business: New P	rincipal Place of Business:
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2250 S BAY ST EUSTIS, FL 32726

Current Mailing Address: New Mailing Address:

19654 TWIN PONDS RD UMATILLA, FL 32784 19703 TWIN PONDS RD UMATILLA, FL 32784

FEI Number: 59-3515716 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

PESHEK, ELLEN M
19654 TWIN PONDS RD
UMATILLA, FL 32784

PESHEK, ELLEN M
19703 TWIN PONDS RD
UMATILLA, FL 32784

UMATILLA, FL 32784

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: ELLEN M PESHEK 05/14/2004

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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 PESHEK, ELLEN M
 Name:
 PESHEK, ELLEN M

 Address:
 19654 TWIN PONDS ROAD
 Address:
 19703 TWIN PONDS ROAD

 Address:
 19654 TWIN PONDS ROAD
 Address:
 19703 TWIN PONDS ROA

 City-St-Zip:
 UMATILLA, FL 32784
 City-St-Zip:
 UMATILLA, FL 32784

 Title:
 D () Delete
 Title:

 Name:
 GAMBLE, CHERYL D
 Name:

 Address:
 2706 OAK LYNN
 Address:

 City-St-Zip:
 EUSTIS, FL 32726
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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: ELLEN M PESHEK D 05/14/2004