## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000075661

5982 225TH STREET

BRADENTON, FL 34202

Address:

City-St-Zip:

FILED Apr 27, 2004 Secretary of State

Entity Name: WELL BODY CLINIC, INC. **Current Principal Place of Business: New Principal Place of Business:** 3915 8TH AVE W BRADENTON, FL 34205 US **Current Mailing Address: New Mailing Address:** P.O. BOX 328 TERRA CEIA, FL 34250 US FEI Number: 65-0862141 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: LABRECQUE, SARAH J 5982 225TH STREET E BRADENTON, FL 34202 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition LABRECQUE, SARAH J Name: Name: 5982 225TH STREET E Address: Address: City-St-Zip: BRADENTON, FL 34202 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition Name: LABRECANE, FRANCOIS Name: LABRECQUE, FRANCOIS

Address:

City-St-Zip:

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BRADENTON, FL 34202

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: SARAH J LABRECQUE PRES 04/27/2004