


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90029 048 ***150.00

DOCUMENT # P99000052792

1. Entity Name
BODY WISE SPECIALISTS INC.



Principal Place of Business
**269 E. EAU GALLIE BLVD.
 MELBOURNE, FL 32937**

Mailing Address
**269 E. EAU GALLIE BLVD.
 MELBOURNE, FL 32937**

2. Principal Place of Business - No P.O. Box #
205 E. EAU GALLIE BLVD

3. Mailing Address
205 E. EAU GALLIE BLVD

Suite, Apt. #, etc.



07032008 Chg-P CR2E034 (12/06)

City & State
Indian Harbour Beach, FL

City & State
Indian Harbour Beach, FL

Zip
32937

Country
USA

4. FEI Number
59-3581235

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KAUFMANN, REGINA M
 269 E. EAU GALLIE BLVD.
 MELBOURNE, FL 32937**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
205 E. EAU GALLIE BLVD.

City
INDIAN Harbour Beach FL

Zip Code
32937

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: *R. M. Kaufmann* DATE: **7/10/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** 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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PTV	KAUFMANN, REGINA M	3 SUNTREE PL STE., 111	MELBOURNE, FL 32940	<input type="checkbox"/>
D	KAUFMAN, MARY PATRICIA	3 SUNTREE PL STE., 111	MELBOURNE, FL 32940	<input type="checkbox"/>
MS	COX, MARY L	3 SUNTREE PL STE., 111	MELBOURNE, FL 32940	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		205 E. EAU GALLIE BLVD.	IHB, FL. 32937	<input checked="" type="checkbox"/>
		205 E. EAU GALLIE BLVD.	IHB, FL. 32937	<input checked="" type="checkbox"/>
		205 E. EAU GALLIE BLVD.	IHB, FL. 32937	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *R. M. Kaufmann* DATE: **7/10/08** (321) 302-1150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #