2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004
Secretary of State

DOCUMENT# P99000053985

Entity Name: BODY WRAP MASTERS, INC.

Current Principal Place of Business:

9926 BAYMEADOWS RD
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

5441 CHICORA DR.
JACKSONVILLE, FL 32258

New Mailing Address:

2535 ST JOHN BLVD
JACKSONVILLE BEACH, FL 32250

FEI Number: 59-3582687 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COUSER, STEPHANIE
5441 CHICORA DR.
JACKSONVILLE, FL 32258

Name and Address of New Registered Agent:

COUSER, STEPHANIE
2535 ST JOHN BLVD
JACKSONVILLE BEACH, FL 32250

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: 04/06/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: COUSER, STEPHANIE
Address: 5441 CHICORA DR
City-St-Zip: JACKSONVILLE, FL 32258

Title: VTM ( ) Delete
Name: COUSER, CLIFFORD
Address: 5441 CHICORA DR
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: COUSER, STEPHANIE
Address: 2535 ST JOHN BLVD
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VTM (X) Change ( ) Addition
Name: COUSER, CLIFFORD
Address: 2535 ST JOHN BLVD
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: STEPHANIE COUSER PSD 04/06/2004
Electronic Signature of Signing Officer or Director — Date