

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90417 020 ***150.00

DOCUMENT # P98000061920

1. Entity Name
MUSCLE ELEGANCE MAGAZINE, INC.



Principal Place of Business Mailing Address
 15630 LAUREL DAWN DRIVE 15630 LAUREL DAWN DRIVE
 FORT MYERS, FL 33912 FORT MYERS, FL 33912

40071981



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 6621 Broken Arrow Road 13300 S.
 Suite, Apt. #, etc. PMB#409 Cleveland Ave
 Fort Myers Suite, Apt. #, etc.

02132007 Chg-P CR2E034 (12/06)

City & State City & State
 Fort Myers FL Fort Myers FL

4. FEI Number Applied For
 65-0856763 Not Applicable

Zip Country Zip Country
 33912 USA 33907 USA

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

6. Name and Address of Current Registered Agent
 PITTMAN, LARRY L.
 6051 ESTERO BLVD
 FORT MYERS BEACH, FL 33931

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007: Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SANCHEZ, DENISE 15630 LAURAL DAWN DR. FORT MYERS, FL 33912 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Sanchez, Denise | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP Masino, Robert 6621 Broekn Arrow Rd Ft Myers FL 33912 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP Sanchez, Denise 6621 Broken Arrow Road Fort Myers FL 33912 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS Celestino, Barbara 6621 Broken Arrow Rd Fort Myers FL 33912 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: 

4/10/07 239-463-1206
 Date Daytime Phone #