2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000061920

Current Principal Place of Business:

Current Mailing Address:

Entity Name: MUSCLE ELEGANCE MAGAZINE, INC.

FILED Apr 08, 2009 Secretary of State

New Principal Place of Business:

New Mailing Address:

6621 BROKEN ARROW ROAD FORT MYERS, FL 33912

13300 S. CLEVELAND AVE
PMB #409
FORT MYERS, FL 33907

13300 S. CLEVELAND AVE, STE 56
PMB #409
FORT MYERS, FL 33907

FEI Number: 65-0856763 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:

PITTMAN, LARRY L
6051 ESTERO BLVD
FORT MYERS BEACH, FL 33931 US
PITTMAN, LARRY L
6231 ESTERO BLVD
3RD FLOOR
FORT MYERS BEACH, FL 33931 US

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: 04/08/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: () Change () Addition

 Name:
 SANCHEZ, DENISE
 Name:

 Address:
 6621 BROKEN ARROW ROAD
 Address:

 City-St-Zip:
 FORT MYERS, FL 33912
 City-St-Zip:

Title: VD () Delete Title: () Change () Addition

 Name:
 MASINO, ROBERT
 Name:

 Address:
 6621 BROKEN ARROW ROAD
 Address:

 City-St-Zip:
 FORT MYERS, FL 33912
 City-St-Zip:

Title: DS () Delete Title: () Change () Addition

 Name:
 CELESTINO, BARBARA
 Name:

 Address:
 6621 BROKEN ARROW ROAD
 Address:

 City-St-Zip:
 FORT MYERS, FL 33912
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DENISE SANCHEZ DP 04/08/2009