2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000049738

Current Principal Place of Business:

City-St-Zip:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

MIAMI BEACH, FL 33139

() Delete

() Delete

Entity Name: INTERNATIONAL YOGA FEDERATION LLC

FILED Feb 11, 2007 Secretary of State

New Principal Place of Business:

40 ISLAND AVENUE MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33141 **Current Mailing Address: New Mailing Address:** PO BOX 414515 PO BOX 414515 MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33141 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MOLINARO, SHANE P MOLINARO, SHANE P MGRM 40 ISLAND AVENUE 6880 ABBOTT AVE SUITE 302 MIAMI BEACH, FL 33139 US MIAMI BEACH, FL 33141 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: SHANE P. MOLINARO 02/11/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Delete (X) Change () Addition MOLINARO, SHANE P MULLER, ZACK Name: Name: Address: PO BOX 414515 Address: 4578 ROYAL PALM AVE City-St-Zip: MIAMI BEACH, FL 33154 City-St-Zip: MIAMI BEACH, FL 33140 Title: () Delete Title: (X) Change () Addition Name: YOGA, HUNUMAN Name: YOGA, HUNUMAN Address: 40 ISLAND AVENUE Address: 40 ISLAND AVENUE City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: MIAMI BEACH, FL 33139 Title: () Delete Title: () Change () Addition KRASSNER, WAYNE Name: Name: 40 ISLAND AVENUE Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: Title: HR () Delete Title: (X) Change () Addition MARTINEZ, PILI Name: Name: ARAGAN, NATANIA R 40 ISLAND AVENUE 6039 COLLINS AVE. SUITE 906 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

City-St-Zip:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

MIAMI BEACH, FL 33141

OHLEMACHER, DEBRA A

12083 KIRKWOOD RD.

OHLEMACHER, CAROL

HEREFORD, AZ 85615

HERALD, CA 95638

P.O.B. 35

() Change (X) Addition

() Change (X) Addition

SIGNATURE: SHANE P. MOLINARO MGRM 02/11/2007