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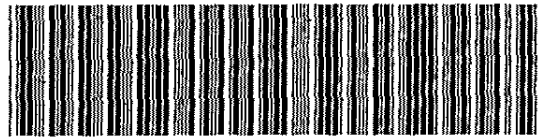
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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PEAK PERFORMANCE PROFESSIONALS INC  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Catherine McCarthy  
(Name of Person)  
Peak Performance Professionals Inc  
(Firm/Company)  
665 NE 97th Street  
(Address)  
Miami Shores, FL 33138  
(City/State and Zip code)

For further information concerning this matter, please call:

Catherine McCarthy at (773) 878 4422  
(Name of Person) (Area Code & Daytime Telephone Number)

305. 762-4377

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

RECEIVED  
DIVISION OF CORPORATIONS  
PRIOR TO  
AUG 15, 2004  
AFTER  
AUG 15, 2004

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. PEAK PERFORMANCE PROFESSIONALS INC  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. ILLINOIS 3. 35-2222982  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/8/04 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. JULY 1, 2004  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 665 NE 97th Street, Miami Shores, FL 33138  
(Principal office address)  
(Same)  
(Current mailing address)

8. MANAGEMENT / CORPORATE CONSULTING  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

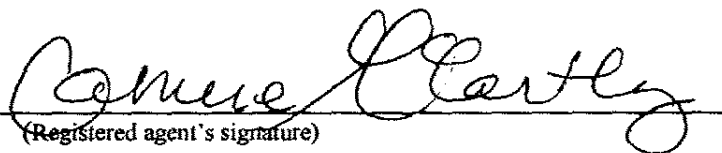
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Catherine McCarthy

Office Address: 665 NE 97th Street  
Miami Shores, Florida 33138  
(City) (Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Catherine McCarthy

Address: 665 NE 97th Street  
Miami Shores FL 33138

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Catherine McCarthy

Address: 665 NE 97th Street  
Miami Shores FL 33138

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Catherine McCarthy

(Signature of Director or Officer listed in number 12 of the application)

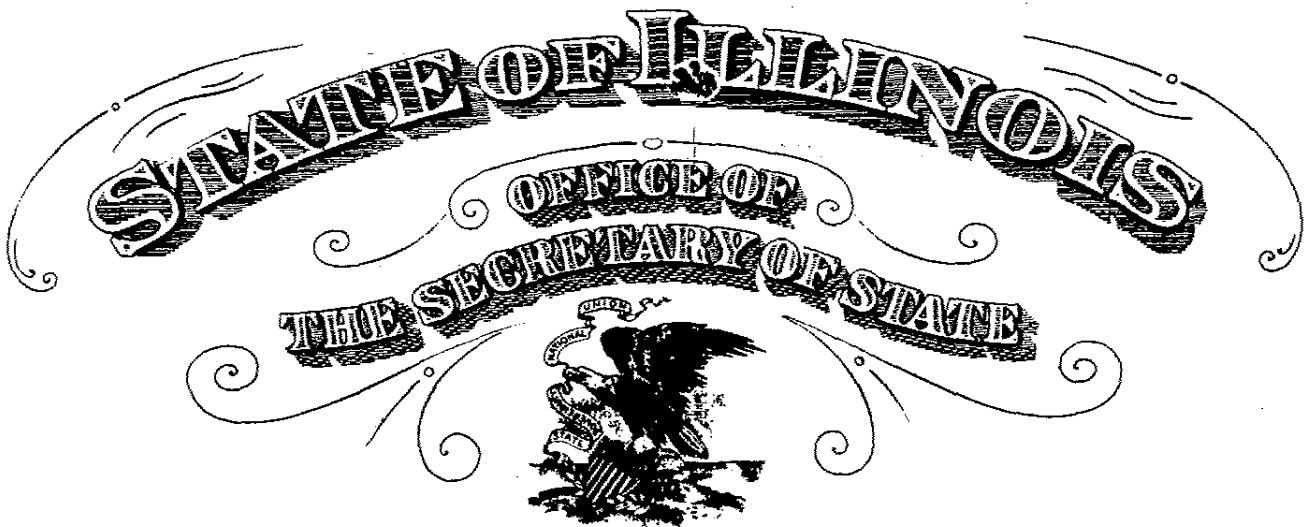
14. CATHERINE MCCARTHY

(Typed or printed name and capacity of person signing application)

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2004 AUG 11 P 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

File Number

6330-905-2

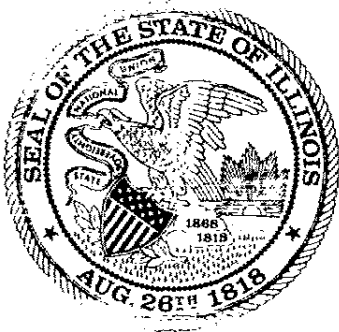


*To all to whom these Presents Shall Come, Greeting:*

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

PEAK PERFORMANCE PROFESSIONALS, INC. A  
DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE  
JANUARY 8, 2004, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS  
OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE  
PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD  
STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS\*\*\*\*\*

REC-7  
JUL 16 2 55 PM '04



*In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this*

*day of*

JULY

A.D.

16TH

2004

*Jesse White*

SECRETARY OF STATE