2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000141

City-St-Zip: HALLANDALE, FL 33009

Entity Name: CELYOUNG LABORATORIES, LLC

FILED Apr 19, 2007 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | |
|---------------------------------------------------|---------------------------|--------------------------------------------|---------------------------------------------|------------------------------------------|
| #1805 | RISON ST. DOD, FL 3302 | 0 | | |
| Current Mailing Address: | | | New Mailing Address: | |
| P.O. BOX HOLLYW(| 6 OOD, FL 3302 | 2 | | |
| FEI Number: 35-2188258 FEI Number Applied For () | | FEI Number Not Applicable () | Certificate of Status Desired (X) | |
| Name and | d Address of C | Current Registered Agent: | Name and Address | s of New Registered Agent: |
| #1805 HOLLYW(The above | RISON ST. DOD, FL 3302 | | purpose of changing its registe | ered office or registered agent, or both |
| SIGNATU | RE: | | | |
| | Electror | nic Signature of Registered Ag | ent | Date |
| MANAGING MEMBERS/MANAGERS: | | | ADDITIONS/CHANGES: | |
| Title: Name: Address: City-St-Zip: | BUTLER, MARI | N ST. SUTIE #1805 | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: | JACKISH, PETI |) Delete ER NDALE BEACH BLVD. , #901 | Title: Name: Address: | () Change () Addition |

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:

SIGNATURE: MARK F. BUTLER MGRM 04/19/2007