2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 05, 2007
Secretary of State

DOCUMENT# L02000011547

Entity Name: BLACK MEN'S HEALTH, LLC

Current Principal Place of Business:

2450 TIM GAMBLE PLACE
SUITE 258
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2450 TIM GAMBLE PLACE
SUITE 258
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 01-0693620 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MIDNIGHT HOLDINGS, INC.
2450 TIM GAMBLE PLACE, SUITE 258
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

MIDNIGHT HOLDINGS, INC.
2450 TIM GAMBLE PLACE
SUITE 258
TALLAHASSEE, FL 32308 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: _____ 09/05/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MIDNIGHT HOLDINGS, I, NC.
Address: 2450 TIM GAMBLE PLACE, SUITE 258
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
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 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.

SIGNATURE: JON D. BROWN C 09/05/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date