2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 15, 2009
Secretary of State

DOCUMENT# L04000032658

Entity Name: SHAPE-U-UP, LLC

Current Principal Place of Business:

348 LAKESIDE COURT
SUNRISE, FL 33326

New Principal Place of Business:

1407 SAINT GABRIELLE LANE
3301
WESTON, FL 33326

Current Mailing Address:

348 LAKESIDE COURT
SUNRISE, FL 33326

New Mailing Address:

1407 SAINT GABRIELLE LANE
3301
WESTON, FL 33326

FEI Number: 20-1082185 **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:

ALISON, HERMAN P
2800 PONCE DEW LEON BLVD
SUITE # 1125
CORAL GABLES, FL 333134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: PDTE ( ) Delete
Name: SANDOVAL, DAVID E
Address: 348 LAKESIDE COURT
City-St-Zip: SUNRISE, FL 33326

ADDITIONS/CHANGES:

Title: PDTE (X) Change ( ) Addition
Name: SANDOVAL, DAVID E
Address: 1407 SAINT GABRIELLE LANE #3301
City-St-Zip: WESTON, FL 33326

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: DAVID E SANDOVAL PDTE 06/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date