2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121521

in the State of Florida.

Entity Name: REJUVENATE YOUR LIFE LLC

FILED Jul 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4600 NORTH HABANA AVE 8001 NORTH DALE MABRY HWY

SUITE 27 SUITE 101A TAMPA, FL 33614 TAMPA, FL 33614

Current Mailing Address: New Mailing Address:

4600 NORTH HABANA AVE 8001 NORTH DALE MABRY HWY

SUITE 27 SUITE 101A TAMPA, FL 33614

TAMPA, FL 33614

FEI Number: 20-3973538 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: Name and Address of New Registered Agent:

MEJIA, GIL MEJIA, GIL

4600 NORTH HABANA AVE 8001 NORTH DALE MABRY HWY

SUITE 27 SUITE 101A TAMPA, FL 33614 US TAMPA, FL 33614 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

SIGNATURE: GIL MEJIA 07/27/2007

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: MGRM (X) Change () Addition () Delete

MEJIA, GIL Name: Name: MEJIA, GIL

Address: 4600 NORTH HABANA AVE STE 27 Address: 8001 NORTH DALE MABRY HWY STE 101A

City-St-Zip: TAMPA, FL 33614 City-St-Zip: TAMPA, FL 33614

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: GIL MEJIA **MGRM** 07/27/2007