2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 11, 2007 8:00 am
Secretary of State
03-27-2007 90205 035 ****50.00

DOCUMENT # L06000074986

1. Entity Name
SPACE COAST BOOT CAMP, LLC

Principal Place of Business	Mailing Address
6550 NORTH WICKHAM ROAD, SUITE 4 MELBOURNE FL 32940	6550 NORTH WICKHAM ROAD, SUITE 4 MELBOURNE FL 32940

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6550 N. Wickham Rd	
Suite, Apt. #, etc.: Suite 4	Suite, Apt. #, etc.
City & State: Melbourne FL	City & State
Zip: 32940 Country: USA	Zip Country

4. FEI Number: 56-2600282 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHULLSTROM ~~WOOD~~, DIANE ~~1931 SLONE BLVD~~ 3147 Arden Cir MELBOURNE FL ~~32935~~ 32934	Name: Diane Schullstrom Street Address (P.O. Box Number is Not Acceptable): 3147 Arden Cir City: Melbourne FL Zip Code: 32934

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Diane Schullstrom
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHULLSTROM WOOD, DIANE 1931 SLOAN BLVD MELBOURNE FL 32935 ☑ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	Diane Schullstrom 3147 Arden Cir Melbourne, FL 32940 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Diane Schullstrom 3/14/07 321-749-8361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #