


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90133 023 ****50.00

DOCUMENT # L06000118761	
1. Entity Name SERIOUS EXERCISE, LLC	


Principal Place of Business 1029 SUGARTREE LANE NORTH LAKELAND, FL 33813 US	Mailing Address 1029 SUGARTREE LANE NORTH LAKELAND, FL 33813 US
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2. Principal Place of Business - No P.O. Box # 114 Allamenda DR	3. Mailing Address 114 Allamenda DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lakeland FL	City & State Lakeland FL
Zip 33803	Country
Zip 33803	Country

6. Name and Address of Current Registered Agent AIRTH, HAL A JR 500 SOUTH FLORIDA AVENUE SUITE 800 LAKELAND, FL 33801	
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00063180



02062007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8032236	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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.

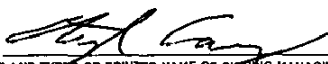
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM	<input type="checkbox"/> Delete	TITLE MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CAREY, STEPHEN		NAME CAREY STEPHEN	
STREET ADDRESS 1029 SUGARTREE LANE NORTH		STREET ADDRESS 114 Allamenda DR	
CITY-ST-ZIP LAKELAND, FL 33813		CITY-ST-ZIP Lakeland, FL 33803	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  **Stephen Carey** **3/7/07** **863-559-6945**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #