2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

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Entity Name: KANDI LAND KIDZ GYM, LLC

Current Principal Place of Business:

365 CITRUS TOWER BOULEVARD, STE 120
CLERMONT, FL 34711

New Principal Place of Business:

1050 E HWY 50
SUITE C
CLERMONT, FL 34711

Current Mailing Address:

365 CITRUS TOWER BOULEVARD, STE 120
CLERMONT, FL 34711

New Mailing Address:

873 SKYRIDGE RD
CLERMONT, FL 34711

FEI Number: 20-8907475 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MERIDETH C. NAGEL, P.A.
953 10TH STREET
CLERMONT, FL 34711 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: MGRM ( ) Delete
Name: BLAKESLEE, KANDI
Address: 365 CITRUS TOWER BOULEVARD, STE 120
City-St-Zip: CLERMONT, FL 34711

Title: MGRM ( ) Delete
Name: YERINA, BETSY
Address: 365 CITRUS TOWER BOULEVARD, STE 120
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BLAKESLEE, KANDI
Address: 873 SKYRIDGE RD
City-St-Zip: CLERMONT, FL 34711

Title: MGRM (X) Change ( ) Addition
Name: YERIAN, BETSY
Address: 873 SKYRIDGE RD
City-St-Zip: CLERMONT, FL 34711

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: KANDI BLAKESLEE MG 04/29/2008

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