

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Aug 18, 2008  
Secretary of State**

DOCUMENT# L07000103526

Entity Name: MAGIC BULLET FITNESS, LLC

**Current Principal Place of Business:**

1004 COMMERCE AVE.  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

1004 COMMERCE AVE.  
HAINES CITY, FL 33844

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:**

MATHEWS, DAVID  
1004 COMMERCE AVE.  
HAINES CITY, FL 33844 US

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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: MATHEWS, DAVID  
Address: 1004 COMMERCE AVE WEST  
City-St-Zip: HAINES CITY, FL 33844

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 MATHEWS

MGRM

08/18/2008

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