2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2012
Secretary of State

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Entity Name: SHAPE SHIFTERS FITNESS, LLC

Current Principal Place of Business:

4195 WEST NEW HAVEN AVENUE
SUITE 12
WEST MELBOURNE, FL 32904 US

New Principal Place of Business:

Current Mailing Address:

4195 WEST NEW HAVEN AVENUE
SUITE 12
WEST MELBOURNE, FL 32904 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LACEY, STEPHEN J
1901 S. HARBOR CITY BLVD.
SUITE 500
MELBOURNE, FL 32901 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
Name: SCHWARTZ, NATE
Address: 4195 WEST NEW HAVEN AVENUE, SUITE 12
City-St-Zip: MELBOURNE, FL 32904 US

I hereby 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 Statues.

SIGNATURE: NATE SCHWARTZ MGRM 04/18/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date