2007 FOR PROFIT CORPORATION

SIGNATURE:

Apr 30, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L81784 04-30-2007 90413 012 ***158.75 1. Entity Name FIT FOR LIFE, INC. Principal Place of Business Mailing Address 70. 9395 BIRD ROAD 9395 BIRD ROAD MIAMI, FL 33165 MIAMI, FL 33165 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 65-0205411 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SOOTIN, CONNIE Street Address (P.O. Box Number is Not Acceptable) 11601 SW 83 TERRACE MIAMI, FL 33173 City Zip Code FL 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_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when renstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE **PVPS** Delete Southis, Conne Change ■ Addition SOOTIN, CONNIE NAME 11601 SW 83 TERRACE NAME 11601 SW 83 TERRACE STREET ADDRESS STREET ADDRESS 33,73 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL ☐ Delete ☐ Change ☐ Addition VP TITLE TITLE SMITH, RHONDA L NAME NAME STREET ADDRESS 1114 CAPRI ST STREET ADDRESS CORAL GABLES, FL 33134 CITY-ST-ZIP CITY-ST-ZIP Scotin, Connie Change ■ Addition TITLE ☐ Delete SOTTIN, CONNIE NAME 11601 SW 83 Feel 1160 15 W 83 TERR STREET ADDRESS STREET ADDRESS Miami FL. 33173 MIAMI, FL 33134 CITY-ST-7/P CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Change Addition Delete TITI F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment path and does with all other like empowered.

NITED NAME OF SIGNING OFFICER OR DIRECTOR

305-225-2582