

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000101572

FILED
Feb 12, 2008
Secretary of State

Entity Name: EXPERT FITNESS SOLUTIONS INC.

Current Principal Place of Business:

240 OLD FEDERAL HIGHWAY
SUITE 110
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

240 OLD FEDERAL HIGHWAY
SUITE 110
HALLANDALE, FL 33009 US

New Mailing Address:

240 OLD FEDERAL HIGHWAY
SUITE 110
HALLANDALE, FL 33009

FEI Number: 65-1053686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, TERRENCE D MR.
850 NE 212 TERRACE
UNIT 5
MIAMI, FL 33179 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THOMAS, TERRENCE D MR.
Address: 850 NE 212 TERRACE, UNIT 5
City-St-Zip: MIAMI, FL 33179

Title: VP (X) Delete
Name: WALKER, JERRIE D MS.
Address: 850 NE 212 TERRACE #5
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRENCE THOMAS

P

02/12/2008

Electronic Signature of Signing Officer or Director

Date