2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Mar 06, 2008 08:00 AN Secretary of State DOCUMENT # P01000097914 GYM-TEC SERVICES, INC. Principal Place of Business Mailing Address 1057 SCHOONER LANE 1057 SCHOONER LANE ENGLEWOOD, FL 34224 ENGLEWOOD, FL 34224 author tobbins of CR2E034 (11/05) 02252008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 38-3019852 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BEDFORD, ROBERT T DO NOT WRITE 1057 SCHOONER LANE ENGLEWOOD, FL 34224 IN THIS SPACE 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 signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME BEDFORD, ROBERT T 1057 SCHOONER LANE STREET ADDRESS U00000848969 03/21/08-80001-019 150.00 CITY-ST-ZIP ENGLEWOOD, FL 34224 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 with an address, with all other like empowered.

TITLE NAME . STREET ADDRESS CITY-ST-ZIP

941-474-2330