2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000057938

Entity Name: BODY KINETICS OF FLORIDA INC.

FILED Mar 21, 2011 Secretary of State

| Littly Name. BODT KII | NETICS OF FEORIDA, INC. | | | |
|---|----------------------------------|------------------------------------|---|--|
| Current Principal Place of Business: | | New Principal Place o | f Business: | |
| 1815 E. COMMERCIAL BLVD STE 105 | | | | |
| FORT LAUDERDALE, FL 33308 | | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| 1815 E. COMMERCIAL E STE 105 | BLVD | | | |
| FORT LAUDERDALE, FI | L 33308 | | | |
| FEI Number: 75-3061170 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address of | Name and Address of New Registered Agent: | |
| MORTEMORE, PAMELA 1815 E. COMMERCIAL E STE 105 FORT LAUDERDALE, FI | BLVD | | | |
| The above named entity in the State of Florida. | submits this statement for the p | ourpose of changing its registered | office or registered agent, or both, | |
| SIGNATURE: | | | | |
| Electror | nic Signature of Registered Age | ent | Date | |
| | | | | |
| | | | | |

OFFICERS AND DIRECTORS:

Title: PD

 Name:
 MORTEMORE, PAMELA

 Address:
 5214 SW 90 TERR

 City-St-Zip:
 COOPER CITY, FL 33328

I hereby 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 all other like empowered.

SIGNATURE: PAMELA A MORTEMORE PD 03/21/2011