2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000165959

Entity Name: THE FAD-FREE DIET AND WEIGHT LOSS CLINIC, INC.

FILED Feb 08, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
125 WAYMONT COURT	2238 WINTER WOODS BLVD
SUITE 100	WINTER PARK, FL 32792 US

SUITE 100 WINTER PARK, FL 32 LAKE MARY, FL 32746 US

Current Mailing Address: New Mailing Address:

125 WAYMONT COURT 2238 WINTER WOODS BLVD.
SUITE 100 WINTER PARK, FL 32792 US
LAKE MARY, FL 32746 US

FEI Number: 57-1215787 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY GTL MANAGEMENT, INC.
1201 HAYS STREET 2238 WINTER WOODS BLVD.
TALLAHASSEE, FL 32301 US WINTER PARK, FL 32792 US

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: LORRAINE D. POWELL 02/08/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 FULLERTON, PATRICK J
 Name:
 FULLERTON, PATRICK J

 Address:
 5575 BEARWOOD DRIVE
 Address:
 1700 PALMER AVENUE

 City-St-Zip:
 ORLANDO, FL 32810 US
 City-St-Zip:
 WINTER PARK, FL 32789 US

Title: D () Delete Title: () Change () Addition

 Name:
 MYNES, PATRICK M
 Name:

 Address:
 1309 WILLOW WIND DRIVE
 Address:

 City-St-Zip:
 CLERMONT, FL 34711 US
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 COTTEN, WILLIAM
 Name:

 Address:
 510 N MAIN STREET
 Address:

 City-St-Zip:
 SYLVANIA, GA 30467 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICK J. FULLERTON D 02/08/2006