2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000007181

Title:

Name:

Address:

City-St-Zip:

Entity Names - DONGE OILVA & ACCOCIAT

FILED Apr 25, 2007 Secretary of State

Entity Name: PONCE-SILVA & ASSOCIATES, INC **Current Principal Place of Business: New Principal Place of Business:** 2853 EXECUTIVE PARK DRIVE SUITE 105 WESTON, FL 33331 **New Mailing Address: Current Mailing Address:** 2853 EXECUTIVE PARK DRIVE SUITE 105 WESTON, FL 33331 US FEI Number: 20-3143515 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: MYOS FINANCIAL GROUP, INC 2853 EXECUTIVE PARK DRIVE SUITE 105 WESTON, FL 33331 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: D/P () Delete Title: () Change () Addition PONCE, GUILLERMO Name: Name: 1726 VICTORIA POINT CIRCLE Address: Address: City-St-Zip: WESTON, FL 33327 US City-St-Zip: Title: Title: D/VP () Delete (X) Change () Addition Name: PONCE, GUILLERMO Name: SILVA, MARIA A 1726 VICTORIA POINT CIRCLE 2853 EXECUTIVE PARK DRIVE, SUITE 105 Address: Address: WESTON, FL 33331 US WESTON, FL 33327 US City-St-Zip: City-St-Zip: Title: Title: () Delete () Change (X) Addition PONCE, BEATRIZ Name: Name: 1726 VICTORIA POINT CIRCLE Address Address: City-St-Zip: City-St-Zip: WESTON, FL 33327 US

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.

Title:

Name:

Address:

City-St-Zip:

D/S

SILVA, ORLANDO J

WESTON, FL 33331 US

() Change (X) Addition

2853 EXECUTIVE PARK DRIVE, SUITE 105

SIGNATURE: ORLANDO J SILVA D 04/25/2007

() Delete