2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2009
Secretary of State

DOCUMENT# P05000066148

Entity Name: MYO-HEALTH AND FITNESS, INC.

Current Principal Place of Business:

1001 CROSSPOINTE DR., SUITE 2
NAPLES, FL 34110

New Principal Place of Business:

1365 MARIPOSA CIRCLE
#104
NAPLES, FL 34105

Current Mailing Address:

3906 RECREATION LANE
NAPLES, FL 34116

New Mailing Address:

1365 MARIPOSA CIRCLE
#104
NAPLES, FL 34105

FEI Number: 47-0953578 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLSZEWSKI, LAURA CPA
5401 TAYLOR RD, SUITE 3
NAPLES, FL 34109 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: PVST ( ) Delete
Name: LOPEZ PAGAN, ALMA M
Address: 3906 RECREATION LANE
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition
Name: LOPEZ PAGAN, ALMA M
Address: 1365 MARIPOSA CIRCLE #104
City-St-Zip: NAPLES, FL 34105

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: ALMA M. LOPEZ PAGAN PVST 03/29/2009

Electronic Signature of Signing Officer or Director — Date