2007 FOR PROFIT CORPORATION

SIGNATURE:

Apr 27, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P05000100735 04-27-2007 90195 040 ***150.00 1. Entity Name MUSCLE STRENGTH & FITNESS, INC. Principal Place of Business Mailing Address 3140 REGAL DARNER DRIVE 3140 REGAL DARNER DRIVE KISSIMMEE, FL 34744 KISSIMMEE, FL 34744 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02062007 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For City & State Not Applicable 56-2580077 Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 FL tice or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent. TULMOI 9. Election Ca jn Financing \$5,00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund tribution. П Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. HILL TITLE Delete ☐ Change Addition GUZMAN, JAVIER A MAME NAME STREET ADDRESS 3140 REGAL DARNER DRIVE STREET ADDRESS KISSIMMEE, FL 34744 CITY-ST-ZIP CHY-ST-AP Delete IIILE ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2iP City-St-7IP TITLE Delete. TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TILLE THEE Change Addition NAME STRILET ADDRESS STREET ADDRESS COY-ST-7IP CITY-ST-7/P THE Delete THLE Change Addition MAME NAME STREET ADDRESS STRUET ADDRESS CITY-ST-ZIP 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 of the corporation or the receiver or frustee embo changed, or on an attachment with an agrees, y te and that my signature shall have the same legal effect as if made under path, that I am an officer or Nitis report as required by Chapter 607. Florida Statutes, and that my name appears in Block 10 or E

ME OF SIGNING OFFICER OR DIRECTOR

FILED