2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 22, 2008 8:00 am DOCUMENT # P06000062673 **Secretary of State** 1. Entity Name 02-22-2008 90020 032 ***150.00 MISSFIT, INC. Mailing Address Principal Place of Business 4795 S. CLASSICAL BLVD. DELRAY BEACH FL 33445 4795 S. CLASSICAL BLVD DELRAY BEACH FL 33445 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 154 Lake Monteray Circle Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) 54 Lake Monterey (ircle City & State City & State 4. FEI Number Applied For 20-4802668 Roynton Bounton beach, FI Not Applicable Zip Ζip \$8.75 Additional 5. Certificate of Status Desired 33HL6 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LONDON, CYNTHIA Street Address (P.O. Box Number is Not Acceptable) 4795 S. CLASSICAL BLVD. DELRAY BEACH FL 33445 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or coth, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Squature, typed or granted learns of regulating algerit and title Transpicacio. (NOTE: Registrated Agont eigenfore required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 M,SSF,+)Inc TITLE PST Delete TITLE Addition LONDON, CYNTHIA NAME NAME rondon 4795 S. CLASSICAL BLVD. STREET ADORESS STREET ADDRESS 54 Lake monterey CITY-ST-ZIP **DELRAY BEACH FL 33445** CITY-ST-ZIF TITLE ☐ De⊧ete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Derete TITLE Change Addition NAME NAME STREET ADGRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Data 2 -12-03 5(61-901-0708

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