2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000082456

Name:

Address:

City-St-Zip:

FILED Apr 12, 2007 Secretary of State

Entity Name: CENTER OF ROTATIONAL EXERCISE, INC. **Current Principal Place of Business: New Principal Place of Business:** 3708 ALT 19 NORTH 2251 MONTCLAIR ROAD C/O D. SCOTT DOUGLAS CLEARWATER, FL 33763 PALM HARBOR, FL 34683 **New Mailing Address: Current Mailing Address:** 3708 ALT 19 NORTH 2251 MONTCLAIR ROAD C/O D. SCOTT DOUGLAS CLEARWATER, FL 33763 PALM HARBOR, FL 34683 FEI Number: 20-5064038 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: DOUGLAS, D. SCOTT 3708 ALT 19 NORTH PALM HARBOR, FL FL 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition DOUGLAS, D. SCOTT DOUGLAS, D. SCOTT Name: Name: 3707 ALT 19 NORTH 2251 MONTCLAIR ROAD Address: Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: CLEARWATER, FL 33763 Title: () Delete Title: () Change (X) Addition Name: Name: WEBB, JOHN D 2251 MONTCLAIR ROAD Address: Address: CLEARWATER, FL 33763 City-St-Zip: City-St-Zip: Title: Title: () Change (X) Addition () Delete

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.

Name:

Address:

City-St-Zip:

WEBB, ALEXIS D

2251 MONTCLAIR ROAD

CLEARWATER, FL 33763

SIGNATURE: D. SCOTT D	OUGLAS	Р	04/12/2007