2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: _

Apr 02, 2008 8:00 am Secretary of State **DOCUMENT # P07000050548** 04-02-2008 90027 024 ***150 00 1. Entity Name ALL FIT INC Principal Place of Business Mailing Address 1972 SE 17TH ST. 1972 SE 17TH ST. POMPANO BCH, FL 33062 POMPANO BCH, FL 33062 2. Principal Place of Business - No P.O. Box # 2563 E. SUNRIJC BUD 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03122008 Chg-P CR2E034 (12/06) 4. FEINUMBE 63656 Applied For City & State City & State out Lauxerpale, Fl. Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Artın Drutz SPIEGEL & UTRERA, P.A. (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR Suite 12-A MIAMI, FL 33145 MIAMI 8. 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. I am familiar with, and accept the obligations of registered age (NOTE: Registered Agent signature required when reinstating) SIGNATURE. Signature, typed or printed name of registered ag d title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS **PSTD** ☐ Change ☐ Addition TITLE ☐ Delete TITLE MAGEE, TERI NAME NAME STREET ADDRESS 1972 SE 17TH ST. STREET ADDRESS CITY-ST-ZIP POMPANO BCH, FL 33062 CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET 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 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.

FILED