2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000122500

FILED Apr 29, 2008 Secretary of State

| Entity Name: QUICK W | /EIGHT LOSS CENTERS SAP, | INC. | | | |
|---|-----------------------------------|---|---|---------------------------------|-------|
| Current Principal Place of Business: | | New Princ | New Principal Place of Business: | | |
| 4350 SUNRISE BLVD SUPLANTATION, FL 33313 | | | | | |
| Current Mailing Address: | | New Maili | New Mailing Address: | | |
| 4350 SUNRISE BLVD SUPLANTATION, FL 33313 | | | | | |
| FEI Number: 22-3971793 | FEI Number Applied For () | FEI Number Not Appl | icable () | Certificate of Status Desired (|) |
| Name and Address of Current Registered Agent: Na | | | Name and Address of New Registered Agent: | | |
| SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US | | 10167 Ŵ S 3RD FLOC | TEPPS, JEROME L 10167 W SUNRISE BLVD 3RD FLOOR PLANTATION, FL 33322 US | | |
| The above named entity in the State of Florida. | submits this statement for the po | urpose of changing i | ts registered o | office or registered agent, or | both, |
| SIGNATURE: JEROME | | 04/29/2008 | | | |
| Electror | nic Signature of Registered Age | nt | | Date | |
| Election Campaign Financin | g Trust Fund Contribution (). | | | | |
| OFFICERS AND DIRECTORS: | | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: () Name: Address: City-St-Zip: |) Delete | Title: Name: Address: City-St-Zip: | ALLEN, LYNN | ISE BLVD, SUITE 122 | |
| Title: () Name: Address: City-St-Zip: |) Delete | Title: Name: Address: City-St-Zip: | SCHUMAN, CH | ISE BLVD, SUITE 122 | |

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: LYNN S. ALLEN PD 04/29/2008