2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2012
Secretary of State

DOCUMENT# P10000070149

Entity Name: XTREME FAT LOSS DIET, INC.

Current Principal Place of Business:

P.O. BOX 47457
ST. PETERSBURG, FL 33743

New Principal Place of Business:

808 N. FRANKLIN STREET, STE 2414
TAMPA, FL 33602

Current Mailing Address:

P.O. BOX 47457
ST. PETERSBURG, FL 33743

New Mailing Address:

FEI Number: 27-3401047 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JEFFRIES, DAVID M
1227 N FRANKLIN ST
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P/D
Name: MARION, JOEL
Address: 808 N. FRANKLIN STREET, STE 2414
City-St-Zip: TAMPA, FL 33602

Title: SEC
Name: MARION, JOEL
Address: 808 N. FRANKLIN STREET, STE 2414
City-St-Zip: TAMPA, FL 33602

I hereby 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 all other like empowered.

SIGNATURE: JOEL MARION P/D 04/25/2012

Electronic Signature of Signing Officer or Director — Date