

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000028266

Entity Name: EXERCISE ESSENTIALS, INC.

FILED
Apr 18, 2007
Secretary of State

Current Principal Place of Business:

1920 EAST HALLANDALE BEACH BLVD.
SUITE 607
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

1920 EAST HALLANDALE BEACH BLVD.
SUITE 607
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 65-0577994

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUBIE, NATHAN F
1920 E. HALLANDALE BEACH BLVD.
SUITE 607
HALLANDALE, FL 33009 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LUBIE, NATHAN F
Address: 1920 EAST HALLANDALE BEACH BLVD., SUITE 60
City-St-Zip: HALLANDALE, FL 33009

Title: S () Delete
Name: LUBIE, RUTH
Address: 1920 EAST HALLANDALE BEACH BLVD., SUITE 60
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: NATHAN LUBIE

MR.

04/18/2007

Electronic Signature of Signing Officer or Director

Date