06/30/2005 03:30 5163266954

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Secretary of State
07-06-2005 90033 033 ***550.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000046244

1. Entity Name
ALL PRO EXERCISE PRODUCTS, INC.

50055018

Principal Place of Business	Mailing Address
2110 HARBOURSIDE DR., #528 LONGBOAT KEY, FL 34228	2110 HARBOURSIDE DR #528 PO BOX 8268 LONGBOAT KEY, FL 34228

06302005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FE Number 65-0756272 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WINSTON, HERB 2110 HARBOURSIDE DR., #528 LONGBOAT KEY, FL 34228	Name: EDITH WINSTON Street Address (P.O. Box Number is Not Acceptable): 2110 HARBOURSIDE DRIVE #528 City: LONG BOAT KEY FL Zip Code: 34228

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 agent.

SIGNATURE: Edith Winston 6-30-05
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $550.00 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINSTON, EDITH 2110 HARBOURSIDE DR., #528 LONGBOAT KEY, FL 34228 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: Edith Winston 6/30/05 941-387-9432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #