2006 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Apr 26, 2006 08:00 AN Secretary of State DOCUMENT # P99000002672 1. Entity Name JEN'S GYM, INC. Principal Place of Business Mailing Address 16523 NORTHWEST 83RD PLACE 2531 CORAL WAY MIAMI, FL 33145 MIAMI, FL 33016 No Chg-P CR2E034 (11/05) 02062006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-0887178 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEE. VICTOR DO NOT WRITE 16523 NW 83RD PLACE MIAMI LAKES, FL 33016 IN THIS SPACE 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 reg SIGNATURE agent and title il applicable (NOTE: Registered Agent signature required when reinstating) 110m000535079 9. Election Campaign Financing \$5.00 May Be 05/08/06-80038-015 150.00 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME VALLINA, JENNIE STREET ADDRESS 16523 NORTHWEST 83RD PLACE CITY-ST-7IP MIAMI, FL 33016 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 trusted 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 attacking twith an address, with all other like empowered.

SIGNATURE:

TIBE NAME STREET ADDRESS CITY-ST-ZIP T(3) F NAME STREET ADDRESS CITY-ST-ZIP

TPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #