

1.) CORPORATION NAME: **Complete Health and Fitness Concepts, Inc.** DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **CORPORATION SERVICE COMPANY** SCC ID NO: **F1827288**
Bank of America Center, 16th Floor
1111 East Main Street

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
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| COMMON | 1,000 |

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE: **RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION: **DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 501 GRAND AVE SUITE L2

CITY/ST/ZIP: ASBURY PARK, NJ 07712

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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| NAME: JEAN MARIE POTTER TITLE: PRESIDENT ADDRESS: 501 GRAND AVE SUITE L2 CITY/ST/ZIP/CO: ASBURY_PARK, NJ 07712 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
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| NAME: ROBERT CANCEL TITLE: SECRETARY ADDRESS: 501 GRAND AVENUE CITY/ST/ZIP/CO: SUITE L2 ASBURY PARK, NJ 07712 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
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| NAME: Ira Cohen TITLE: CFO ADDRESS: 501 Grand Avenue CITY/ST/ZIP/CO: Suite L2 Asbury Park, NJ 07712 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

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| /s/ Ira Cohen | Ira Cohen, CFO | 5/1/2012 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.