
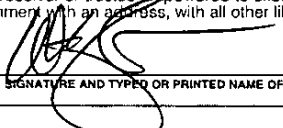


2005 FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H27613 1. Entity Name PREMIER HEALTH AND FITNESS CENTER, INC.						<div style="text-align: right;"> <p>05 MAY -2 PM 4:54</p> <p>RECEIVED STATE SECRETARY OF STATE</p> </div>			
Principal Place of Business 3521 MACLAY BLVD. TALLAHASSEE, FL 32312 US		Mailing Address 3521 MACLAY BLVD. TALLAHASSEE, FL 32312 US							
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		04252005 Chg-P CR2E034 (10/03) 05					
City & State		City & State		4. FEI Number 59-2471569		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable			
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent GIUDICE, WILLIAM A. 3521 MACLAY BLVD. TALLAHASSEE, FL 32312				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)</small>									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees						
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE P		<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME O'BRYANT, MARK		STREET ADDRESS 1300 MICCOSUKEE ROAD		NAME 300054667403		STREET ADDRESS 05/17/05--01026--005 **150.00			
CITY-ST-ZIP TALLAHASSEE, FL				CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE STD		<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME GIUDICE, WILLIAM A		STREET ADDRESS 1300 MICCOSUKEE RD		NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
CITY-ST-ZIP TALLAHASSEE, FL				STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
CITY-ST-ZIP <input type="checkbox"/> Delete				CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
CITY-ST-ZIP <input type="checkbox"/> Delete				CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
CITY-ST-ZIP <input type="checkbox"/> Delete				CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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: 				William A. Giudice		4-25-05		850-431-5238	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		<small>Daytime Phone #</small>			

6