



2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H27613 1. Entity Name PREMIER HEALTH AND FITNESS CENTER, INC.	
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FILED
 07 APR 30 AM 10:45
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 3521 MACLAY BLVD. TALLAHASSEE, FL 32312 US	Mailing Address 3521 MACLAY BLVD. TALLAHASSEE, FL 32312 US
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03212007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2471569	Applied For Not Applicable
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

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	O'BRYANT, MARK
STREET ADDRESS	1300 MICCOSUKEE ROAD
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	STD
NAME	GIUDICE, WILLIAM A
STREET ADDRESS	1300 MICCOSUKEE RD
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

400101585134

05/04/07--01020--009 **150.00

12. I hereby certify that the information supplied with this filing 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 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 4/30/07 850-431-5238

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #