


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90387 026 ***150.00

DOCUMENT # P03000006579					
1. Entity Name ELITE NUTRITION & FITNESS, INC.					
Principal Place of Business 6725 W. INDIANTOWN ROAD., SUITE 40 JUPITER, FL 33458		Mailing Address 6725 W. INDIANTOWN ROAD., SUITE 40 JUPITER, FL 33458			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 05-0549077	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent D'ARCANGELO, ELLEN 6725 W. INDIANTOWN ROAD., SUITE 40 JUPITER, FL 33458			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	D'ARCANGELO, ELLEN	NAME	6183 Riverwalk Lane #4		
STREET ADDRESS	18675 MISTY LAKE DRIVE	STREET ADDRESS	Jupiter, FL 33458		
CITY-ST-ZIP	JUPITER, FL 33458	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BIANDO, CHUCK	NAME	Biondo		
STREET ADDRESS	5663 HOLLY LANE	STREET ADDRESS			
CITY-ST-ZIP	JUPITER, FL 33458	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>Ellen D'Arcangelo</i>		Date: 8/4/06		Daytime Phone #: (561) 748-9790	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40051



04052006 Chg-P CR2E034 (11/05)

4. FEI Number 05-0549077 Applied For Not Applicable

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City

FL Zip Code

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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10. OFFICERS AND DIRECTORS	
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NAME	D'ARCANGELO, ELLEN
STREET ADDRESS	18675 MISTY LAKE DRIVE
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	D <input type="checkbox"/> Delete
NAME	BIANDO, CHUCK
STREET ADDRESS	5663 HOLLY LANE
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	

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STREET ADDRESS	Jupiter, FL 33458
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Biondo
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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SIGNATURE: *Ellen D'Arcangelo* Date: 8/4/06 Daytime Phone #: (561) 748-9790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR