

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000108654

Entity Name: NATURAL FITNESS, INC.

FILED
Feb 16, 2007
Secretary of State

Current Principal Place of Business:

P.O. BOX 15213
PLANTATION, FL 33318

New Principal Place of Business:

8632 N.W. 10TH COURT
PLANTATION, FL 33322

Current Mailing Address:

P.O. BOX 15213
PLANTATION, FL 33318

New Mailing Address:

FEI Number: 20-0263571

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, JOSEPH
7201 NW 16TH STREET, APT. E-181
PLANTATION, FL 33313 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAMS, JOSEPH
Address: P.O. BOX 15213
City-St-Zip: PLANTATION, FL 33318 US

Title: PSTV () Delete
Name: WILLIAMS, JOSEPH
Address: P.O. BOX 15213
City-St-Zip: PLANTATION, FL 33318 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH WILLIAMS

P

02/16/2007

Electronic Signature of Signing Officer or Director

Date