

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 10, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90176 014 \*\*\*150.00



**DOCUMENT # P05000035643**  
 1. Entity Name  
**R & K ALL ABOUT YOUTH FITNESS & CHEERLEADING TRAINING CENTER INC**

Principal Place of Business  
**6093 STRAWBERRY FIELDS WAY LAKE WORTH, FL 33463**

Mailing Address  
**6093 STRAWBERRY FIELDS WAY LAKE WORTH, FL 33463**

60931222

2. Principal Place of Business  
**3497 High Ridge Rd**

3. Mailing Address  
**3497 High Ridge Rd**

Suite, Apt. #, etc.



07052006 Chg-P CR2E034 (11/05)

City & State  
**Baynton Beach FL**

City & State

Zip  
**33426**

Country

4. FEI Number  
**20-2452824**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

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

**ROSS, SHELIA**  
**6093 STRAWBERRY FIELDS WAY LAKE WORTH, FL 33463**

City **FL** Zip Code

7. Name and Address of New Registered Agent

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 Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input type="checkbox"/> Delete
NAME	ROSS, SHELIA	
STREET ADDRESS	6093 STRAWBERRY FIELDS WAY	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KIESLING, MARIA	
STREET ADDRESS	7611 SANTEE TERR	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kim Heinkel	
STREET ADDRESS	4177 Juniper Ter	
CITY-ST-ZIP	Baynton Beach FL 33436	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Devron Richardson	
STREET ADDRESS	4472 Lake Tahoe Cir	
CITY-ST-ZIP	NPB FL 33409	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Maria Kiesling VP Date: 6-21-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR