


2006 FOR PROFIT CORPORATION ANNUAL REPORT

8/28/2006-90002-016-\$150.00-\$150.00

FILED

2006 OCT -2 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000103143			
1. Entity Name FIRST DEGREE FITNESS, INC.			
Principal Place of Business 10542 LA REINA ROAD DELRAY BEACH, FL-33446		Mailing Address 10542 LA REINA ROAD DELRAY BEACH, FL 33446	
2. Principal Place of Business		3. Mailing Address <i>27166 Majestic woods way</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Boca Raton FL</i>	
Zip		Zip <i>33428</i>	
Country		Country <i>U.S.A.</i>	
4. FEI Number <i>20-3347632</i>		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		7. Name and Address of New Registered Agent	
TRICK, WILLIAM W JR. 1216 EAST ATLANTIC BOULEVARD SUITE 7 POMPANO BEACH, FL 33060		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 state if applicable. (NOTE: Registered Agent signature required when re-electing)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY - ST - ZIP	DPS EIDA, JOEY 10542 LA REINA ROAD DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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>Joeey Eida</i>		Date: <i>8/22/06</i> (56) 716 96 35	

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