

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000143181

FILED
Apr 24, 2007
Secretary of State

Entity Name: DRF GYMS, INC.

Current Principal Place of Business:

4645 CLYDE MORRIS BLVD.
SUITE 404
PORT ORANGE, FL 32129

New Principal Place of Business:

New Mailing Address:

4645 CLYDE MORRIS BLVD.
SUITE 404
PORT ORANGE, FL 32129

Current Mailing Address:

210 PALMETTO STREET
NEW SMYRNA BEACH, FL 32168

FEI Number: 20-3765090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLETCHER, SARA
210 PALMETTO STREET
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

FLETCHER, SARA
204 PALMETTO ST.
NEW SMYRNA BEACH, FL 32168 US

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: SARA A. FLETCHER

04/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, S () Delete
Name: FLETCHER, SARA A P
Address: 210 PALMETTO STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: V.P () Delete
Name: FLETCHER, MARTIN R V.P.
Address: 210 PALMETTO ST.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, S (X) Change () Addition
Name: FLETCHER, SARA A P
Address: 204 PALMETTO ST.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: V.P (X) Change () Addition
Name: FLETCHER, MARTIN R V.P.
Address: 204 PALMETTO ST.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: SARA A. FLETCHER

P.

04/24/2007

Electronic Signature of Signing Officer or Director

Date