


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 27, 2005 8:00 am
Secretary of State

07-27-2005 90049 021 ***550.00


DOCUMENT # P94000088460
1. Entity Name
MDR FITNESS CORP.



Principal Place of Business 14101 N.W. 4TH STREET SUNRISE, FL 33325 US	Mailing Address 14101 N.W. 4TH STREET SUNRISE, FL 33325 US
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DO NOT WRITE IN THIS SPACE

50058029



06292005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0572001	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

PSALTIDES, JASON K
14101 N.W. 4TH STREET
SUNRISE, FL 33325

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RILEY, JAMES B 14101 NW 4TH STREET SUNRISE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RILEY, PATRICIA A 14101 NW 4TH STREET SUNRISE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **JAMES RILEY** 6/30/05 954 8459500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #