2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000028611

Entity Name: ATHLETE'S CHOICE FITNESS CENTER, INC.

FILED Mar 28, 2009 Secretary of State

12425 N MAIN ST JACKSONVILLE, FL 32218 Current Mailing Address: 11363 EMUNESS RD JACKSONVILLE, FL 32218 FEI Number: 99-3306138 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired Name and Address of Current Registered Agent: DOEHNE, LON S DOEHNE, LON S DOEHNE, LON S The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Electronic Signature of Registered Agent Electronic Signature of Registered Agent Electronic Signature of Registered Agent Date Electronic Signature of Registered Agent Date Electronic Signature of Registered Agent Title: () Change () Addition Name: Address: 1526 SELVIUW ELUFE ROAD Address: 1528 GEN DRIVE Address: 1528 GEN DRIVE Address: 1533 FALIUS SROAD Address: 1533 EMINESS ROAD Address: 1533 EMINESS ROAD Address: 1548 Change () Addition Name: Address: 1533 EMINESS ROAD Address: 1548 Change () Addition Name: Address: 1533 EMINESS ROAD Address: 1548 Change () Addition Name: Address: 1553 Change () Addition Name: Address: 1548 Change () Addition Name: A	Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
Title: S () Delete Name: MUSIC, AFREDINE Name: MUSIC, AFREDINE Name: BEVILL, TIFANY, EVAN Name: BEVILL, TIFANY, EVAN Name: BSVILL, TIFANY, EVAN Name: Address: 1228 GLEN DRIVE FOAD Addition Name: HARMAN, KIRSTEN Name: Name: HARMAN, KIRSTEN Name: Name: HARMAN, KIRSTEN Name: OTTO, BRENDA G Address: 11353 EMUNESS RD AD Mame: OTTO, BRENDA G Name: Address: 11353 EMUNESS RD AD Mame: OTTO, SCOTT W Address: Cotty-St-Zip: Title: D () Delete Name: Address: City-St-Zip: Title: D () Change () Addition Name: Address: City-St-Zip: Title: D () Change () Addition Name: Address: City-St-Zip: Title: D () Change () Addition Name: Address: City-St-Zip: Title: D () Change () Addition Name: Address: City-St-Zip: Title: D () Change () Addition Name: Address: City-St-Zip: Title: D () Cha			18 US			
FEI Number: 59-3306138 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired Name and Address of Current Registered Agent: Name and Address of New Registered Agent:	Current Mailing Address:			New Mailing Addres	New Mailing Address:	
Name and Address of Current Registered Agent: DOEHNE, LON S 14333 BONEY ROAD JACKSONVILLE, FL 32226 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent			18			
DOEHNE, LON S 14333 BONEY ROAD JACKSONVILLE, FL 32226 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent	FEI Number:	: 59-3306138	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
14333 BONEY ROAD JACKSONVILLE, FL 32226 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent	Name and	l Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
in the State of Florida. SIGNATURE:	14333 BOI	NEY ROAD	26 US			
Electronic Signature of Registered Agent			submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRE Title: S () Delete Title: Name: MUSIC, ALFREDINE Address: City-St-Zip: JACKSONVILLE, FL 32218 Title: T () Delete Title: Title: T () Change () Addition Name: Address: City-St-Zip: Title: Title: T () Delete Title: Title: T () Delete Title: Title: T () Delete Title: Title: T () Change () Addition Name: Address: Title: T	SIGNATU	RE:				
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRE Title: S () Delete Title: Name: MUSIC, ALFREDINE Address: City-St-Zip: JACKSONVILLE, FL 32218 Title: T () Delete Title: T () Delete Title: T () Delete Title: T () Change () Addition Name: Name: BEVILL, TIFANY EVAN Name: BEVILL, TIFANY EVAN Address: City-St-Zip: JACKSONVILLE, FL 32226 City-St-Zip: JACKSONVILLE, FL 32226 City-St-Zip: Title: C () Delete Title: C () Delete Title: C () Delete Title: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: Title: MD () Delete Title: () Change () Addition Name: Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: Title: MD () Delete Title: () Change () Addition Name: Address: 14238 BONEY ROAD Address: 14238 BONEY ROAD Address: City-St-Zip: JACKSONVILLE, FL 32226 City-St-Zip: JACKSONVILLE, FL 32228 City-St-Zip: JACKSONVILLE, FL 32228 City-St-Zip: JACKSONVILLE, FL 32228 City-St-Zip: JACKSONVILLE, FL 32228 Title: D () Delete Title: () Change () Addition Name: Address: 11363 EMUNESS RD Address: 11363 EMUNESS RD Address: 11363 EMUNESS ROAD Address:		Electron	ic Signature of Registered Age	ent	Date	
Title: S () Delete	Election Car	mpaign Financing	Trust Fund Contribution ().			
Name: MUSIC, ALFREDINE Name: Address: 1228 GLEN DRIVE Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: Title: T () Delete Title: () Change () Addition Name: BEVILL, TIFANY EVAN Name: Address: 15353 YELLOW BLUFF ROAD Address: City-St-Zip: JACKSONVILLE, FL 32226 City-St-Zip: Title: C () Delete Title: () Change () Addition Name: MUSIC, TROY Name: Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: Title: MD () Delete Title: () Change () Addition Name: HARMAN, KIRSTEN Name: Address: Address: 14238 BONEY ROAD Address: City-St-Zip: Title: P () Delete Title: () Change () Addition Name: Address: 1353 EMUNESS RD City-St-Zip: Title: D () Delete Title: () Change () Addition	OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:	
Name: BEVILL, TIFANY EVAN Name: Address: 15353 YELLOW BLUFF ROAD Address: City-St-Zip: JACKSONVILLE, FL 32226 City-St-Zip: Title: C () Delete Title: () Change () Addition Name: MUSIC, TROY Name: Address: 1228 GLEN DRIVE Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: Title: MD () Delete Title: () Change () Addition Name: HARMAN, KIRSTEN Name: Address: 14238 BONEY ROAD Address: City-St-Zip: JACKSONVILLE, FL 32226 City-St-Zip: Title: P () Delete Title: () Change () Addition Name: OTTO, BRENDA G Name: Address: 11353 EMUNESS RD City-St-Zip: Title: D () Delete Title: () Change () Addition Name: OTTO, SCOTT W Name: Address: 11353 EMUNESS ROAD Address:	Name: Address:	MUSIC, ALFRE 1228 GLEN DR	DINE VE	Name: Address:	() Change () Addition	
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Name: HARMAN, KIRSTEN Name: Address: 14238 BONEY ROAD Address: City-St-Zip: JACKSONVILLE, FL 32226 City-St-Zip: Title: P () Delete Title: () Change () Addition Name: OTTO, BRENDA G Name: Address: 11353 EMUNESS RD Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: OTTO, SCOTT W Name: Address: 11353 EMUNESS ROAD Address:	Name: Address:	MUSIC, TROY 1228 GLEN DR	VE	Name: Address:	() Change () Addition	
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	Name: Address:	OTTO, SCOTT \ 11353 EMUNES	W SS ROAD	Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: SCOTT W. OTTO D 03/28/2009