

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 655500

FILED
Apr 30, 2004
Secretary of State

Entity Name: HEALTH WORLD FITNESS SYSTEMS, INC.

Current Principal Place of Business:

878 WEST 11TH ST.
11TH STREET SHOPPING CENTER
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

878 WEST 11TH ST.
11TH STREET SHOPPING CENTER
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 59-1968508 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

OWENS, ARNIE R
878 W. 11TH ST.
11TH ST SHOPPING CENTER
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OWENS, ARNIE R,
Address: 878 W 11TH ST
City-St-Zip: PANAMA CITY, FL

Title: SD () Delete
Name: SPORER, PATRICK S,
Address: 2203 BECK AVE E-8
City-St-Zip: PANAMA CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICK S. SPORER

SD

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date