
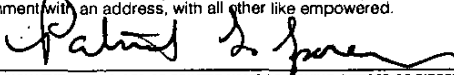


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90187 001 \*\*\*300.00

|   |                   |  |  |  |  |
|---|-------------------|--|--|--|--|
| <b>DOCUMENT # 655500</b>  |                   |  |  |         |  |
| 1. Entity Name<br>HEALTH WORLD FITNESS SYSTEMS, INC.  |                   |  |  |  |  |
| Principal Place of Business<br>878 WEST 11TH ST.<br>11TH STREET SHOPPING CENTER<br>PANAMA CITY, FL 32401  |                   |  | Mailing Address<br>878 WEST 11TH ST.<br>11TH STREET SHOPPING CENTER<br>PANAMA CITY, FL 32401 |  |  |
| 2. Principal Place of Business  |                   | 3. Mailing Address   |  |  |  |
| Suite, Apt. #, etc.   |                   | Suite, Apt. #, etc.  |  |  |  |
| City & State  |                   | City & State   |  | 4. FEI Number<br>59-1968508  |  |
| Zip   |                   | Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent<br>OWENS, ARNIE R<br>878 W. 11TH ST.<br>11TH ST SHOPPING CENTER<br>PANAMA CITY, FL 32401  |                   |  | 7. Name and Address of New Registered Agent  |  |  |
| Name  |                   |  | Name   |  |  |
| Street Address (P.O. Box Number is Not Acceptable)  |                   |  | Street Address (P.O. Box Number is Not Acceptable)   |  |  |
| City  |                   |  | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |                   |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>   |                   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  |  |  |
| 10. OFFICERS AND DIRECTORS  |                   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE   | D                 | <input type="checkbox"/> Delete  | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | OWENS, ARNIE R    |  | NAME   |  |  |
| STREET ADDRESS  | 878 W 11TH ST     |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   | PANAMA CITY, FL   |  | CITY-ST-ZIP  |  |  |
| TITLE   | SD                | <input checked="" type="checkbox"/> Delete   | TITLE  | SD   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | SPORER, PATRICK S |  | NAME   | SPORER, PATRICK S  |  |
| STREET ADDRESS  | 2203 BECK AVE E-8 |  | STREET ADDRESS   | 612 E 24th Street  |  |
| CITY-ST-ZIP   | PANAMA CITY, FL   |  | CITY-ST-ZIP  | LYNN HAVEN, FL 32444   |  |
| TITLE   |                   | <input type="checkbox"/> Delete  | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                   |  | NAME   |  |  |
| STREET ADDRESS  |                   |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   |                   |  | CITY-ST-ZIP  |  |  |
| TITLE   |                   | <input type="checkbox"/> Delete  | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                   |  | NAME   |  |  |
| STREET ADDRESS  |                   |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   |                   |  | CITY-ST-ZIP  |  |  |
| TITLE   |                   | <input type="checkbox"/> Delete  | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                   |  | NAME   |  |  |
| STREET ADDRESS  |                   |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   |                   |  | CITY-ST-ZIP  |  |  |
| TITLE   |                   | <input type="checkbox"/> Delete  | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                   |  | NAME   |  |  |
| STREET ADDRESS  |                   |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   |                   |  | CITY-ST-ZIP  |  |  |
| 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:   |                   | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  | Date _____ Daytime Phone # _____   |  |



04272005 Chg-P CR2E034 (10/03)

4. FEI Number 59-1968508 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

FL Zip Code

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS |                   |  |
|----------------------------|-------------------|--|
| TITLE                      | D                 | <input type="checkbox"/> Delete            |
| NAME                       | OWENS, ARNIE R    |  |
| STREET ADDRESS             | 878 W 11TH ST     |  |
| CITY-ST-ZIP                | PANAMA CITY, FL   |  |
| TITLE                      | SD                | <input checked="" type="checkbox"/> Delete |
| NAME                       | SPORER, PATRICK S |  |
| STREET ADDRESS             | 2203 BECK AVE E-8 |  |
| CITY-ST-ZIP                | PANAMA CITY, FL   |  |
| TITLE                      |                   | <input type="checkbox"/> Delete            |
| NAME                       |                   |  |
| STREET ADDRESS             |                   |  |
| CITY-ST-ZIP                |                   |  |
| TITLE                      |                   | <input type="checkbox"/> Delete            |
| NAME                       |                   |  |
| STREET ADDRESS             |                   |  |
| CITY-ST-ZIP                |                   |  |
| TITLE                      |                   | <input type="checkbox"/> Delete            |
| NAME                       |                   |  |
| STREET ADDRESS             |                   |  |
| CITY-ST-ZIP                |                   |  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                      |  |
|---|----------------------|--|
| TITLE   |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                      |  |
| STREET ADDRESS  |                      |  |
| CITY-ST-ZIP   |                      |  |
| TITLE   | SD                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | SPORER, PATRICK S    |  |
| STREET ADDRESS  | 612 E 24th Street    |  |
| CITY-ST-ZIP   | LYNN HAVEN, FL 32444 |  |
| TITLE   |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                      |  |
| STREET ADDRESS  |                      |  |
| CITY-ST-ZIP   |                      |  |
| TITLE   |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                      |  |
| STREET ADDRESS  |                      |  |
| CITY-ST-ZIP   |                      |  |
| TITLE   |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                      |  |
| STREET ADDRESS  |                      |  |
| CITY-ST-ZIP   |                      |  |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #