2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005
Secretary of State

DOCUMENT# F03000005409

Entity Name: FOREVER FITNESS, INC.

Current Principal Place of Business:

2712 CHEYENNE DRIVE
NAPERVILLE, IL 60565

New Principal Place of Business:

16102 MICHIGAN ST.
CREST HILL, IL 60435

Current Mailing Address:

2712 CHEYENNE DRIVE
NAPERVILLE, IL 60565

New Mailing Address:

715 WHISPER WOODS DR.
LAKELAND, FL 33813

FEI Number: 46-0465762 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DPS ( ) Delete
Name: VON OHLEN, SHARON L
Address: 2712 CHEYENNE DRIVE
City-St-Zip: NAPERVILLE, IL 60565

Title: DBPT ( ) Delete
Name: VON OHLEN, WILLIAM D
Address: 2712 CHEYENNE DRIVE
City-St-Zip: NAPERVILLE, IL 60565

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: VON OHLEN, SHARON L
Address: 715 WHISPER WOODS DR.
City-St-Zip: LAKELAND, FL 33813

Title: DBPT (X) Change ( ) Addition
Name: VON OHLEN, WILLIAM D
Address: 715 WHISPER WOODS DR.
City-St-Zip: LAKELAND, FL 33813

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: WILLIAM D. VON OHLEN DBPT 04/07/2005

Electronic Signature of Signing Officer or Director — Date