## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000002997

Entity Name: FITLINXX, INC.

FILED Mar 24, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
860 CANAL STREET STAMFORD, CT 06902							
Current Mailing Address:				New Mailing Address:			
860 CANAL STREET STAMFORD, CT 06902							
FEI Number: 06-1370158 FEI Number Applied For ( ) FEI Number			mber Not Applicable ( ) Certificate of Status Desired ( )				
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US							
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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS							FICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	DCEO () I CRAMPTON, DA' 860 CANAL STR STAMFORD, CT	EET		Title: Name: Address: City-St-Zip:		( ) Change	( ) Addition
Title: Name: Address: City-St-Zip:	STEO () I ALSWANGER, G 860 CANAL STR STAMFORD, CT	EET		Title: Name: Address: City-St-Zip:	SEC MCCARTHY 860 CANAL STAMFORE		( ) Addition
Title: Name: Address: City-St-Zip:	D () I CAMHI, KEITH E 860 CANAL STR STAMFORD, CT	EET		Title: Name: Address: City-St-Zip:		( ) Change	( ) Addition
Title: Name: Address: City-St-Zip:	APPEL, ARTHÚR	ER ROAD, SUITE 303		Title: Name: Address: City-St-Zip:		( ) Change	( ) Addition
Title: Name: Address: City-St-Zip:	COIT, DAVID M	Delete FER, 5TH FLOOR 04101		Title: Name: Address: City-St-Zip:		( ) Change	( ) Addition
Title: Name: Address: City-St-Zip:	D () I CRAMPTON, DA' 860 CANAL STR STAMFORD, CT	EET		Title: Name: Address: City-St-Zip:		( ) Change	( ) Addition
I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN D MCCARTHY SEC 03/24/2006