

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G71107

FILED
Apr 28, 2005
Secretary of State

Entity Name: STAYIN' ALIVE FITNESS CENTERS, INC.

Current Principal Place of Business:

6185 JOG RD
LAKE WORTH, FL 33467 US

New Principal Place of Business:

Current Mailing Address:

6185 JOG RD
LAKE WORTH, FL 33467 US

New Mailing Address:

FEI Number: 59-2571244

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUBSCHER, DONNA A
6185 JOG RD
LAKE WORTH, FL 33467 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: PTD () Delete
Name: HUBSCHER, DONNA A P/T
Address: 8005 PELICAN HARBOUR DRIVE
City-St-Zip: LAKE WORTH, FL 33467 US

Title: VP () Delete
Name: HUBSCHER, BONNIE J VP
Address: 8117 PELICAN HARBOUR DRIVE
City-St-Zip: LAKE WORTH, FL 33467 US

Title: VP () Delete
Name: HUBSCHER, TAYLOR M VP
Address: 1027 10TH WAY
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: S () Delete
Name: BUTLER, BRANT A S
Address: 6870 HAMMOCK LANE
City-St-Zip: W PALM BCH., FL 33411 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DONNA A. HUBSCHER

PTD

04/28/2005

Electronic Signature of Signing Officer or Director

Date