

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 A
Secretary of State

DOCUMENT # J72066	
1. Entity Name CANADIAN FITNESS HOLDING COMPANY	
Principal Place of Business CANADIAN FITNESS HOLDING CO 733 W. STATE ROAD 436 #2001 ALTAMONTE SPRIGS, FL 32701 US	Mailing Address CANADIAN FITNESS HOLDING CO 415 W. COURT STREET FLINT, MI 48503 US



01272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0074858	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KAHN, JEROME B 733 W. STATE ROAD 436 ALTAMONTE SPRINGS, FL 32714

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAHN, JEROME B. 733 W. STATE ROAD 436 #2001 ALTAMONTE SPRING, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACONETTI, GEORGE W. 733 W. STATE ROAD 436 #2001 ALTAMONTE SPRINGS, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Jerome B. Kahn* **Jerome B. Kahn** **2-22-07 810-239-2166**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #