

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J92658

FILED  
Apr 23, 2007  
Secretary of State

**Entity Name:** HEALTHFIT BODIES BY KATHLEEN, INC.

**Current Principal Place of Business:**

% KATHLEEN A. SIKORA/ RAINES  
2802 W ABIACA CIR  
DAVIE, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

2802 W. ABIACA CIRCLE  
DAVIE, FL 33328 US

**New Mailing Address:**

**FEI Number:** 65-0026182

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SIKORA/RAINES, KATHLEEN  
2802 W ABIACA CIR  
DAVIE, FL 33328 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: P ( ) Delete  
Name: SIKORA/RAINES, KATHL, EEN  
Address: 2802 W ABIACA CIR  
City-St-Zip: DAVIE, FL 33328

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify 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:** KATHLEEN SIKORA/RAINES

P

04/23/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date