2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# L06000022930

Entity Name: ALTERNATIVE ROUTE HEALTH & FITNESS, LLC

Current Principal Place of Business:

5149 WINTERVILLE ROAD
SPRING HILL, FL 34608 US

New Principal Place of Business:

8351 STATE ROAD 54
#102
NEW PORT RICHEY, FL 34655 US

Current Mailing Address:

5149 WINTERVILLE ROAD
SPRING HILL, FL 34608 US

New Mailing Address:

8351 STATE ROAD 54
#102
NEW PORT RICHEY, FL 34655 US

FEI Number: 20-4418273 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIOIA, MARIA
5149 WINTERVILLE ROAD
SPRING HILL, FL 34608 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GIOIA, MARIA
Address: 5149 WINTERVILLE ROAD
City-St-Zip: SPRING HILL, FL 34608 US

ADDITIONS/CHANGES:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARIA GIOIA MGRM 04/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date