

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 DEC 28 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12202007 Chg-P CR2E034 (12/06)

DOCUMENT # L47126 1. Entity Name SHAPES FAMILY FITNESS, INC.					
Principal Place of Business 14499 N DALE MABRY SUITE 130 TAMPA, FL 33618 US			Mailing Address 14499 N DALE MABRY SUITE 130 TAMPA, FL 33618 US		
2. Principal Place of Business - No P.O. Box # 2720 Broadway Center Blvd. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 2720 Broadway Center Blvd. <small>Suite, Apt. #, etc.</small>			
City & State Brandon, Florida Zip 33510		City & State Brandon, Florida Zip 33510		4. FEI Number 31-1291063	
Country U.S.A.		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GIBBONS, TUCKER, MILLER, WHATLEY & STEIN 101 E. KENNEDY BLVD., SUITE 1000 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name Gibbons, Tucker, Miller, Whatley & Stein, P.A. Street Address (P.O. Box Number is Not Acceptable) 101 E. Kennedy Boulevard Suite 2190 City Tampa <div style="float: right;"> FL Zip Code 33602 </div>	
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) _____ DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KARSHNER, ROBERT L. 14999 N DALE MABRY TAMPA, FL 33634.	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Vince Julien 18716 63rd Avenue East Bradenton, FL 34202
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JULIEN, VINCE 18716 63RD AVE EAST BRADENTON, FL 34202	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT Jeff Dotson 6001 Cape Loop Land o' Lakes, FL 34639
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KARSHNER, JACK A. 27730 PINE POINT DR WESLEY CHAPEL, FL 33543	<input checked="" type="checkbox"/> Delete		<div style="text-align: center;"> 100114438421 01/08/08-01042-016 **61.25 </div>	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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:		Date: 12/21/07 Daytime Phone #: 813-413-3250			

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