

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004632

FILED  
May 15, 2006  
Secretary of State

Entity Name: LIFE LINE FITNESS CENTER INC.

**Current Principal Place of Business:**

3540 NW 205 ST .  
MIAMI, FL 33056

**New Principal Place of Business:**

**Current Mailing Address:**

3540 NW 205 ST .  
MIAMI, FL 33056

**New Mailing Address:**

FEI Number: 65-1128825      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

KING, JENNIFER W  
20170 N.W. 15 AVE.  
MIAMI, FL 33169      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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: THOMPSON, CHRISTA  
Address: 20170 N.W. 15 AVE.  
City-St-Zip: MIAMI, FL 33169

Title: V ( ) Delete  
Name: SALLAHOUDIN, BONNIE  
Address: 20170 N.W. 15 AVE.  
City-St-Zip: MIAMI, FL 33169

Title: ST ( ) Delete  
Name: JOHNSON, STELLA DR  
Address: 20170 N.W. 15 AVE.  
City-St-Zip: MIAMI, FL 33169

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER W. KING

RA

05/15/2006

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

\_\_\_\_\_  
Date