

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006660

FILED
Jul 31, 2005
Secretary of State

Entity Name: IN MOTION.....TRAINING FOR LIFE EXPERIENCE, INC.

Current Principal Place of Business:

5190 NW 167TH STREET SUITE 217
MIAMI, FL 33014

New Principal Place of Business:

3810 NW 167TH STREET SUITE
MIAMI GARDENS, FL 33054

Current Mailing Address:

950 SW 9TH STREET
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 73-1715689 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:

Name and Address of New Registered Agent:

SINCKLER-MACK, JOANNE
17120 NW 42ND COURT
MIAMI, FL 33055 US

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: PCEO () Delete
Name: KUSTER, TEMORAH
Address: 950 SW 9TH STREET
City-St-Zip: HALLANDALE, FL 33009

Title: V () Delete
Name: HAROLD, BRENDA
Address: 10723 SW 222ND DRIVE
City-St-Zip: MIAMI, FL 33170

Title: S () Delete
Name: HOUSTON, CARMEL
Address: 13851 SW 185TH TERR
City-St-Zip: MIAMI, FL 33033

Title: T () Delete
Name: KUSTER, STEVE
Address: 950 SW 9TH STREET
City-St-Zip: HALLANDALE, FL 33055

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:

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 Section 119.07(3)(i), 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: TEMORAH KUSTER

PCEO

07/31/2005

Electronic Signature of Signing Officer or Director

Date