2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004738

Entity Name: SUNCOAST GYM STARS INC.

FILED Aug 18, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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8004 CONGRESS STREET PORT RICHEY, FL 346686715 US

Current Mailing Address: New Mailing Address:

8004 CONGRESS STREET P.O. BOX 392

PORT RICHEY, FL 346686715 US NEW PORT RICHEY, FL 34656 US

FEI Number Applied For () FEI Number Not Applicable (X) 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:

KRISTINE M BIGELOW, CPA, PA 6630 EMBASSY BLVD. SUITÉ B PORT RICHEY, FL 346686715 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

MILLER, JOY ARNDT, LAURA Name: Name: 10223 SHOOTING STAR COURT Address: 4415 AVENUE CANNS Address: City-St-Zip: NEW PORT RICHEY, FL 34655 US City-St-Zip: LUTZ, FL 33558 US

Title: () Delete Title: (X) Change () Addition

BEASON, LISA Name: COURSEN, KAREN Name: Address: 5617 FIELDSPRING AVENUE Address: 4349 BLACK FOX DRIVE City-St-Zip: NEW PORT RICHEY, FL 34655 City-St-Zip: NEW PORT RICHEY, FL 34653

Title: SECY () Delete Title: SECY (X) Change () Addition

LEVY, NANCY LEVY, DANA Name: Name: 106 LAKESIDE DRIVE Address: 7937 DEERFOOT DRIVE Address:

City-St-Zip: NEW PORT RICHEY, FL 34653 City-St-Zip: OLDSMAR, FL 34677

Title: TREA () Delete Title: TREA (X) Change () Addition

Name: SLUSAK, CELLIE Name: VIOLANTE, MARY E 7923 EMPIRE COURT Address: Address: 3016 LLOYD DRIVE

City-St-Zip: NEW PORT RICHEY, FL 34653 US City-St-Zip: HOLIDAY, FL 346911138 US

Title: () Delete Title: () Change (X) Addition

LOIACANO, GAYLE Name: Name: 5344 CASA NUEVA DRIVE Address: Address: City-St-Zip: City-St-Zip: NEW PORT RICHEY, FL 34655

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: MARY E. VIOLANTE **TREA** 08/18/2006