

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004738

FILED
Sep 13, 2007
Secretary of State

Entity Name: SUNCOAST GYM STARS INC.

Current Principal Place of Business:

8004 CONGRESS STREET
PORT RICHEY, FL 346686715 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 392
NEW PORT RICHEY, FL 34656 US

New Mailing Address:

16586 N DALE MABRY HWY
TAMPA, FL 33618 US

FEI Number: 20-2803424 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

KRISTINE M BIGELOW, CPA, PA
6630 EMBASSY BLVD, SUITE B
PORT RICHEY, FL 346686715 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: ARNDT, LAURA
Address: 4415 AVENUE CANNIS
City-St-Zip: LUTZ, FL 33558 US

Title: VP () Delete
Name: COURSEN, KAREN
Address: 4349 BLACK FOX DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: SECY () Delete
Name: LEVY, DANA
Address: 106 LAKESIDE DRIVE
City-St-Zip: OLDSMAR, FL 34677

Title: TREA () Delete
Name: VIOLANTE, MARY E
Address: 3016 LLOYD DRIVE
City-St-Zip: HOLIDAY, FL 346911138 US

Title: AVP (X) Delete
Name: LOIACANO, GAYLE
Address: 5344 CASA NUEVA DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: BEASON, LISA
Address: 55617 FIELDSPRING AVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: TREA (X) Change () Addition
Name: LEVY, DANA
Address: 106 LAKESIDE DRIVE
City-St-Zip: OLDSMAR, FL 34677

Title: SEC (X) Change () Addition
Name: DURRETT, DEBORAH L
Address: 4533 ANACONDA DR
City-St-Zip: NEW PORT RICHEY, FL 34655 US

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 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: LLA

P

09/13/2007

Electronic Signature of Signing Officer or Director

Date