

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011272

FILED
Aug 25, 2006
Secretary of State

Entity Name: NEED4SPEED HEALTH & FITNESS, INC.

Current Principal Place of Business:

5222 NOBT #103
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

5222 NOBT #103
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 20-3271417 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:

WASHINGTON, SHERRY L
5222 NOBT #103
ORLANDO, FL 32810 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: WASHINGTON, SHERRY L
Address: 5222 NOBT #103
City-St-Zip: ORLANDO, FL 32810

Title: V () Delete
Name: CASTILLO, LOIZELLE
Address: 8114 DONEGAL LANE
City-St-Zip: JACKSONVILLE, FL 32244

Title: P () Delete
Name: WASHINGTON, KYLE
Address: 2020 W. JACKSON STREET
City-St-Zip: ORLANDO, FL 32805

Title: T () Delete
Name: CARR, SHARON
Address: 5326 WHITECASTLE COURT
City-St-Zip: JACKSONVILLE, FL 32244

Title: S () Delete
Name: MURPHY, LEANDIA
Address: 5561 BLUE TICK DRIVE
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SR V (X) Change () Addition
Name: CASTILLO, LOIZELLE
Address: 8114 DONEGAL LANE
City-St-Zip: JACKSONVILLE, FL 32244

Title: VP (X) Change () Addition
Name: WASHINGTON, KYLE
Address: 2020 W. JACKSON STREET
City-St-Zip: ORLANDO, FL 32805

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: SHERRY LANISE WASHINGTON

P

08/25/2006

Electronic Signature of Signing Officer or Director

Date