2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011272

Entity Name: NEED4SPEED HEALTH & FITNESS, INC.

FILED Sep 05, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1310 CHARLES ST. ORLANDO, FL 32808

Current Mailing Address: New Mailing Address:

1310 CHARLES ST. ORLANDO, FL 32808

FEI Number: 20-3271417 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:

WASHINGTON, SHERRY L
5222 NOBT #103
ORLANDO, FL 32810
US

WASHINGTON, SHERRY L
1310 CHARLES STREET
ORLANDO, FL 32808
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: SHERRY L. WASHINGTON 09/05/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 WASHINGTON, SHERRY L
 Name:
 WASHINGTON, SHERRY L

 Address:
 5222 NOBT #103
 Address:
 1310 CHARLES STREET

 City-St-Zip:
 ORLANDO, FL 32810
 City-St-Zip:
 ORLANDO, FL 32808

Title: SR V () Delete Title: () Change () Addition

Title: VP () Delete Title: () Change () Addition

 Name:
 WASHINGTON, KYLE
 Name:

 Address:
 2020 W. JACKSON STREET
 Address:

 City-St-Zip:
 ORLANDO, FL 32805
 City-St-Zip:

Title: T () Delete Title: () Change () Addition

 Name:
 CARR, SHARON
 Name:

 Address:
 5326 WHITECASTLE COURT
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32244
 City-St-Zip:

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

Name:MURPHY, LEANDIAName:MURPHY, LEANDIAAddress:5561 BLUE TICK DRIVEAddress:1310 CHARLES STREETCity-St-Zip:ORLANDO, FL 32810City-St-Zip:ORLANDO, FL 32808

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: SHERRY L. WASHINGTON P 09/05/2007