2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004372

FILED Mar 15, 2011 Secretary of State

Entity Name: COMMUNITY FUN & FITNESS CENTER INC.

US

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

1234 GUNN HWY. ODESSA, FL 33556

Current Mailing Address: New Mailing Address:

6049 CANOPY OAKS CT 1234 GUNN HWY.

US

NEW PORT RICHEY, FL 34653 US ODESSA, FL 33556 US

FEI Number: 20-8975866 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CLEVELAND, CHERYL CEO 6049 CANOPY OAKS CT NEW PORT RICHEY, FL 34653

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:

Γitle: CEO

Name: CLEVELAND, CHERYL B Address: 6049 CANOPY OAKS CT

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

Title: EO

Name: CEYROLLES, RONALD Address: 13715 FAREHAM DR City-St-Zip: ODESSA, FL 33556 US

Title: EO

 Name:
 LEY, NATHAN

 Address:
 1325 GUNN HWY

 City-St-Zip:
 ODESSA, FL 33556 US

Title: EO

Name: MITCHELL, TRACY
Address: 7519 DUNBRIDGE DR
City-St-Zip: ODESSA, FL 33556 US

Title: [

Name: ALEMAGHIDES, GINGER Address: 62 WEST LIME ST

City-St-Zip: TARPON SPRINGS, FL 34689 UN

Title: EC

Name: COMBAST, SHANNON Address: 13229 INTERLAKEN RD City-St-Zip: ODESSA, FL 33556 US

I hereby 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 all other like empowered.

SIGNATURE: CHERYL CLEVELAND CEO 03/15/2011