

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006319

FILED
Apr 30, 2009
Secretary of State

Entity Name: FITT 4 LIFE, INC.

Current Principal Place of Business:

13821 FOX GLOVE ST
WINTER GARDEN, FL 34787 US

New Principal Place of Business:

Current Mailing Address:

13821 FOX GLOVE ST
WINTER GARDEN, FL 34787 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

HOWELL, KEIA K
13821 FOX GLOVE ST
WINTER GARDEN, FL 34787 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: HOWELL, KEIA
Address: 13821 FOX GLOVE ST
City-St-Zip: WINTER GARDEN, KE 34787 US

Title: T () Delete
Name: HOWELL, SHELIA
Address: 1907 CRESCENT DR
City-St-Zip: MONROE, LA 71202 US

Title: VP () Delete
Name: SALES, NYKESHA S
Address: 597 BELHAVEN FALLS DR
City-St-Zip: OCOEE, FL 34761 US

Title: D () Delete
Name: HOWELL, DELLES R SR.
Address: 1907 CRESCENT DR
City-St-Zip: MONROE, LA 71202 US

Title: D () Delete
Name: WALKER, KINSHA
Address: 7222 BURTCLIFF
City-St-Zip: BATON ROUGE, LA 70818 US

Title: S () Delete
Name: PAINE, ERICA
Address: 744 GIBLIN AVE. SW
City-St-Zip: PALM BAY, FL 32908 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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City-St-Zip:

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 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: KEIA HOWELL

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date