## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000041381

City-St-Zip:

APOPKA, FL 32703

Entity Name: ALL WOMEN'S PERSONAL TRAINING CENTER, INC.

FILED Apr 28, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
924 W.S.F	R. 436				
1800	ITE ODDINGO	EL 00744			
ALTAMON	ITE SPRINGS	FL 32/14			
Current Mailing Address:			New Mailing Address:		
1026 PINE OVIEDO, I	HURST CT FL 32765				
FEI Number	: 59-3642607	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:	
	K, PHILLIP EHURST CT FL 32765 L	us			
	named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	D (	) Delete	Title:	( ) Change ( ) Addition	
Name:	KOSTELYK, PI		Name:	• • • • • • • • • • • • • • • • • • • •	
Address:	1026 PINEHUR		Address:		
City-St-Zip:	OVIEDO, FL 3	2765	City-St-Zip:		
Title:	VP (	) Delete	Title:	( ) Change ( ) Addition	
Name:	KOSTELYK, RI	EBECCA	Name:		
Address:	1026 PINEHUR	ST CT	Address:		
City-St-Zip:	OVIEDO, FL 3	2765	City-St-Zip:		
Title:	S (	) Delete	Title:	( ) Change ( ) Addition	
Name:	HEARON, LISA		Name:		
Address:	859 LAKE JAC	KSON CIR	Address:		

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: PHILLIP KOSTELYK PRES 04/28/2006