

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90043 005 ***150.00

DOCUMENT # P00000058067

1. Entity Name

INTENSE TRAINING INC.



Principal Place of Business

10876 WILES RD
CORAL SPRINGS, FL 33076

Mailing Address

10876 WILES RD
CORAL SPRINGS, FL 33076



01222008

No Chg-P

CR2E034 (11/05)

4. FEI Number

65-1022301

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MAKOVSKY
MARKOVSKY, BRIAN K
10876 WILES RD
CORAL SPRINGS, FL 33076

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MAKOVSKY, BRIAN
STREET ADDRESS 10876 WILES RD
CITY-ST-ZIP POMPANO BEACH, FL 33076

TITLE VP *MAKOVSKY*
NAME MARKOVSKY, DESIREE
STREET ADDRESS 10876 WILES RD
CITY-ST-ZIP POMPANO BEACH, FL 33076

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian K MAKOVSKY, President

Date

Daytime Phone #

1/31/08 954 346-5766