

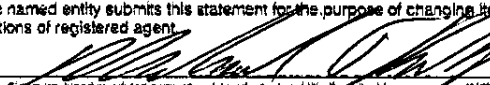
FILED
Mar 31, 2004 8:00 am
Secretary of State

Page 2

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**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000061083																																																																																			
1. Entity Name FITNESS AUTHORITY, INC.																																																																																			
Principal Place of Business 3233 SW PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34953			Mailing Address 3233 SW PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34953																																																																																
2. Principal Place of Business			3. Mailing Address																																																																																
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																
City & State			City & State																																																																																
Zip		Country	Zip		Country																																																																														
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																															
KELLY, MICHAEL T 3233 SW PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34953				Name																																																																															
				Street Address (P.O. Box Number is Not Acceptable)																																																																															
				City																																																																															
				State FL Zip Code																																																																															
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  DATE 3-29-04 Signature, typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required when retreating)																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th><th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th></tr></thead><tbody><tr><td style="width: 15%;">TITLE</td><td style="width: 55%;">NAME</td><td style="width: 30%; text-align: right;">☐ Delete</td><td style="width: 15%;">TITLE</td><td style="width: 55%;">NAME</td><td style="width: 30%; text-align: right;">☐ Change ☐ Addition</td></tr><tr><td>STREET ADDRESS</td><td>KELLY, MICHAEL T</td><td></td><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td>3233 SW PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34953</td><td></td><td>CITY-STATE-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td>NAME</td><td style="text-align: right;">☐ Delete</td><td>TITLE</td><td>NAME</td><td style="text-align: right;">☐ Change ☐ Addition</td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td></td><td></td><td>CITY-STATE-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td>NAME</td><td style="text-align: right;">☐ Delete</td><td>TITLE</td><td>NAME</td><td style="text-align: right;">☐ Change ☐ Addition</td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td></td><td></td><td>CITY-STATE-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td>NAME</td><td style="text-align: right;">☐ Delete</td><td>TITLE</td><td>NAME</td><td style="text-align: right;">☐ Change ☐ Addition</td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td></td><td></td><td>CITY-STATE-ZIP</td><td></td><td></td></tr></tbody></table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	KELLY, MICHAEL T		STREET ADDRESS			CITY-STATE-ZIP	3233 SW PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34953		CITY-STATE-ZIP			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			STREET ADDRESS			CITY-STATE-ZIP			CITY-STATE-ZIP			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			STREET ADDRESS			CITY-STATE-ZIP			CITY-STATE-ZIP			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			STREET ADDRESS			CITY-STATE-ZIP			CITY-STATE-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE 3-29-04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																			