2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006
Secretary of State

DOCUMENT# P00000061083

Entity Name: FITNESS AUTHORITY, INC.

Current Principal Place of Business:

3233 SW PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

5347 NW ALAM CIRCLE.
PORT ST. LUCIE, FL 34986

Current Mailing Address:

3233 SW PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34953

New Mailing Address:

5347 NW ALAM CIRCLE.
PORT ST. LUCIE, FL 34986

FEI Number: 65-1024245 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KELLY, MICHAEL T
3233 SW PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

KELLY, MICHAEL T
5347 NW ALAM CIRCLE.
PORT ST. LUCIE, FL 34986 US

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: DR. MICHAEL T. KELLY 04/03/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KELLY, MICHAEL T
Address: 3233 SW PORT ST. LUCIE BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KELLY, MICHAEL T
Address: 5347 NW ALAM CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34986

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.

SIGNATURE: DR. MICHAEL T. KELLY PD 04/03/2006
Electronic Signature of Signing Officer or Director Date