2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000062690

1. Entity Name
EXERCISE WITH MEANING, INC.

Principal Place of Business	Mailing Address
7400 ARBUCKLE CREEK RD. SEBRING, FL 33870	PO DRAWER 969 SEBRING, FL 33871-0969

DO NOT WRITE IN THIS SPACE

01182007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1034022	Not Applicable

5. Certificate of Status Desired   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAYWORTH, SUSAN
7400 ARBUCKLE CREEK RD.
SEBRING, FL 33870

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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, 2007 Fee will be $550.00 | 9. Election Campaign Financing
Trust Fund Contribution. ☐ | **$5.00** May Be
Added to Fees | |

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	MAYWORTH, SUSAN W
STREET ADDRESS	7400 ARBUCKLE CREEK RD.
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

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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: Susan W Mayworth   1/23/07   863-381-1382

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #