



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90430 025 \*\*\*150.00

<b>DOCUMENT # P01000035126</b> 1. Entity Name <b>CHARLOTTE HEALTH &amp; FITNESS CENTER, INC.</b>					
Principal Place of Business <b>3250 LOVELAND BOULEVARD PORT CHARLOTTE, FL 33980</b>				Mailing Address <b>3250 LOVELAND BOULEVARD PORT CHARLOTTE, FL 33980</b>	
2. Principal Place of Business		3. Mailing Address <b>2400 Harbor Blvd</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>Suite 14</b>			
City & State 		City & State <b>Port Charlotte FL</b>			
Zip 	Country 	Zip <b>33952</b>	Country <b>USA</b>	4. FEI Number <b>65-1093375</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>IDEWU, OLAWALE 3250 LOVELAND BOULEVARD PORT CHARLOTTE, FL 33980</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>2400 Harbor Blvd Suite 14</b> City <b>Port Charlotte</b> <b>FL</b> Zip Code <b>33952</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD IDEWU, OLAWALE 3250 LOVELAND BOULEVARD PORT CHARLOTTE, FL 33980		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> 			<b>04-28-06</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		