2005 FOR PROFIT CORPORATION

or the receiver or trustee empowered to execute this report attachment/with an address, with all other like empowered.

SIGNATURE

Jan 21, 2005 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P01000058189** FITNESSENTIAL, INC. Principal Place of Business Mailing Address 6510 BAYSHORE BLVD. 6510 BAYSHORE BLVD. TAMPA, FL 33611 TAMPA, FL 33611 01032005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3729802 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FERRIS, DONNA DO NOT WRITE 6510 BAYSHORE BLVD. TAMPA, FL 33611 IN THIS SPACE 3. The above named entity supplies 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 obligat SIGNATURE Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS IIL P U00000188124 01/24/05-80044-001 150.00 FERRIS, DONNA NAME STREET ADDRESS 6510 BAYSHORE BLVD CITY-ST-ZIP TAMPA, FL 33611 TIME MAME STREET ADDRESS City-ST-ZP TITLE NAME STREET ADDRESS DO NOT WRITE CSTY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3XI), 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 receiper 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

FILED