## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 20, 2006 8:00 am Secretary of State DOCUMENT # P02000015477 1. Entity Name 02-20-2006 90055 020 \*\*\*150.00 U.S. 4 OF FITNESS, INC. Principal Place of Business Mailing Address 233 NE 2ND AVENUE 233 NE 2ND AVENUE **DELRAY BEACH FL 33444** DELRAY BEACH FL 33444 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State City & State 01-0616469 Not Applicable Country Ziο Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KING, MARK Street Address (P.O. Box Number is Not Acceptable) 5353 N. FEDERAL HIGHWAY SUITE 207 FORT LAUDERDALE FL 33308 Zip Code City 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when ministaling) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. TITLE FITLE ☐ Delete NAME MORRIS, DENISE NAME STREET ADDRESS 4730 GLENN PINE LANE STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33436** CITY-ST-ZIP Vice President Change TITLE Druid Kite NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE -Chance - Addition Hitt NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Channe Addition TTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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

with all other like empowered.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

if changed, or on an attachment with

SIGNATURE AND TYPED

SIGNATURE: \_\_

**FILED**