2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000034294

Name:

Address:

City-St-Zip:

8064 HOLLY RIDGE RD

JACKSONVILLE, FL 32256

FILED Apr 27, 2006 Secretary of State

Entity Name: GET FIT ENTERPRISES, INC. **Current Principal Place of Business: New Principal Place of Business:** 14255 BEACH BLVD JACKSONVILLE, FL 32250 **Current Mailing Address: New Mailing Address:** 14255 BEACH BLVD JACKSONVILLE, FL 32250 FEI Number: 01-0647312 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PANNOZZO, VINCE SOLOMON, DOUGLAS 14255 BEACH BLVD 14255 BEACH BLVD JACKSONVILLE, FL 32250 JACKSONVILLE, FL 32250 US 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: DOUGLAS SOLOMON 04/27/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition DEVINCENT, ROBERT Name: Name: 4510 COQUINA DR Address: Address: City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: Title: VD (X) Delete Title: () Change () Addition PANNOZZO, VINCE Name: Name: 2042 HUNTINGTON CIR E Address: Address: JACKSONVILLE, FL 32246 City-St-Zip: City-St-Zip: Title: Title: SD () Delete () Change () Addition SOLOMON, GEORGE Name: Name: 8064 HOLLY RDGE RD. Address: Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: Title: TD () Delete Title: () Change () Addition SOLOMON, DOUGLAS

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.

Name:

Address:

City-St-Zip:

SIGNATURE: DOUGLAS SOLOMON 04/27/2006 Τ