2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# P02000062747

Entity Name: RIVIERA FITNESS CENTER OF PENSACOLA, INC.

Current Principal Place of Business:

5330 MOBILE HWY
PENSACOLA, FL 32526

New Principal Place of Business:

Current Mailing Address:

4725 S HALLADAY BLVD
220
SALT LAKE CITY, UT 84117

New Mailing Address:

4725 S HOLLADAY BLVD
220
SALT LAKE CITY, UT 84117

FEI Number: 47-0873552 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DICKENS, MARK
6235 N DAVIS HWY, STE 108
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

WALKER, JESSICA
5330 MOBILE HWY
PENSACOLA, FL 32526 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: JESSICA WALKER 02/23/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RICE, REYNOLD T
Address: 4725 S HOLLADAY BLVD, STE 220
City-St-Zip: SALT LAKE CITY, UT 84117

Title: ST ( ) Delete
Name: RICE, SCOTT L
Address: 4725 S HALLADAY BLVD, STE 220
City-St-Zip: SALT LAKE CITY, UT 84117

Title: VP ( ) Delete
Name: DICKENS, MARK
Address: 6235 N DAVIS HWY, STE 108
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: REYNOLD T RICE P 02/23/2009
Electronic Signature of Signing Officer or Director Date