


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P02000066998 |  |
| 1. Entity Name PILATES OFF THE AVE, INC. | |

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| Principal Place of Business 86 SE 4TH AVE DELRAY BCH, FL 33444 | Mailing Address 86 SE 4TH AVE DELRAY BCH, FL 33444 |
|--|--|

DO NOT WRITE IN THIS SPACE



04142006 No Chg-P CRZE034 (11/05)

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|--|-------------------------------|
| 4. FEJ Number 02-0625475 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

MAHONEY, JOHN
1216B E ATLANTIC AVE
DELRAY BCH, FL 33484

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IN THIS SPACE

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 registering) _____ DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MAHONEY, JOHN 1216 B E ATLANTIC AVE DELRAY BCH, FL 33484 |
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05/10/06-80009-014 150.00

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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.

SIGNATURE: John G. Mahoney John G. Mahoney 21APR06 561-703-5646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #