2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000067630

Entity Name: SUNSHINE FITNESS CENTERS, INC.

FILED Apr 30, 2004 Secretary of State

Current Princip	al Place of Business:	New Princip	al Place of Business

280 SOUTH STATE ROAD 434 280 SOUTH STATE ROAD 434

SUITE 1049 SUITE 2046

ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714

Current Mailing Address: New Mailing Address:

280 SOUTH STATE ROAD 434 280 SOUTH STATE ROAD 434 SUITE 1049 SUITE 2046

SUITE 1049 SUITE 204 ALTAMONTE SPRINGS, FL 32714 ALTAMON

ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714

FEI Number: 81-0566441 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:

HEEKIN, JAMES F JR. 215 N EOLA DR

ORLANDO, FL 32801 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP () Delete Title: DVP (X) Change () Addition

Name: DORE, ERIC Name: DORE, ERIC

Address: 280 SOUTH STATE ROAD 434 SUITE 1049 Address: 280 SOUTH STATE ROAD 434 SUITE 2046

City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DP () Delete Title: DP (X) Change () Addition

Name: DORE, DAVID Name: DORE, DAVID

Address: 280 SOUTH STATE ROAD 434 SUITE 1049 Address: 280 SOUTH STATE ROAD 434 SUITE 2046 City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ERIC G. DORE DVP 04/30/2004