2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# P02000084119

Entity Name: FITNESS 2000 DEVELOPMENT, INC.

Current Principal Place of Business:

1315 CAPE CORAL PKWY
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

1315 CAPE CORAL PKWY
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 02-0637610 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPARKS, YVETTE
1315 CAPE CORAL PKWY
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: SPARKS, YVETTE
Address: 1315 CAPE CORAL PKWY #2
City-St-Zip: CAPE CORAL, FL 33904

Title: PD ( ) Delete
Name: KLINE, J.B.
Address: 5509 SW 6TH AVE
City-St-Zip: CAPE CORAL, FL 33914

Title: TD ( ) Delete
Name: KLINE, DEBORAH S
Address: 5509 SW 6TH AVE
City-St-Zip: CAPE CORAL, FL 33914

Title: D ( ) Delete
Name: SPARKS, DANIEL
Address: 1315 CAPE CORAL PKWY #2
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SPARKS, YVETTE
Address: 1315 CAPE CORAL PKWY #2
City-St-Zip: CAPE CORAL, FL 33904

Title: VP (X) Change ( ) Addition
Name: KLINE, J.B.
Address: 5509 SW 6TH AVE
City-St-Zip: CAPE CORAL, FL 33914

Title: T (X) Change ( ) Addition
Name: KLINE, DEBORAH S
Address: 5509 SW 6TH AVE
City-St-Zip: CAPE CORAL, FL 33914

Title: S (X) Change ( ) Addition
Name: SPARKS, DANIEL
Address: 1315 CAPE CORAL PKWY #2
City-St-Zip: CAPE CORAL, FL 33904

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: YVETTE T. SPARKS MRS. 04/27/2005

Electronic Signature of Signing Officer or Director — Date