

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                               |                                                                                           |                                               |                                                                                                                        |                                                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P02000089420</b><br>1. Entity Name<br><b>FLORIDA FITNESS WORLD, INC.</b>                                                                                                                                        |                                                                                           |                                               |                                                                                                                        |                                                         |  |
| Principal Place of Business<br><b>2479 S. VOLUSIA AVE.<br/>ORANGE CITY FL 32763</b>                                                                                                                                           |                                                                                           |                                               | Mailing Address<br><b>2479 S. VOLUSIA AVE.<br/>ORANGE CITY FL 32763</b>                                                |                                                                                                                                          |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                     |                                                                                           | 3. Mailing Address<br><br>Suite, Apt. #, etc. |                                                                                                                        |                                                                                                                                          |  |
| City & State<br><br>Zip      Country                                                                                                                                                                                          |                                                                                           | City & State<br><br>Zip      Country          |                                                                                                                        | 4. FEI Number <b>82-0567686</b><br><input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                       |  |
| 6. Name and Address of Current Registered Agent<br><br><b>TARATNO, MICHAEL<br/>620 BERNASEK<br/>DEBARY FL 32713</b>                                                                                                           |                                                                                           |                                               |                                                                                                                        | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 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 _____<br><small>Signature typed or printed name of registered agent and title (if please)      (If, OFE Registered Agent signature required when registering)      DATE</small>                                     |                                                                                           |                                               |                                                                                                                        |                                                                                                                                          |  |
| <b>FILE NOW!!! - FEE IS \$150.00</b><br><b>After May 1, 2008 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                             |                                                                                           |                                               | 9. Election Campaign Financing<br>Trust Fund Contribution, <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |                                                                                                                                          |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                             |                                                                                           |                                               | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                           |                                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | DP<br>TARANTO, MICHAEL<br>620 BERNASEK<br>DEBARY FL 32713 <input type="checkbox"/> Delete |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | DST<br>TARANTO, JUDY<br>620 BERNASEK<br>DEBARY FL 32713 <input type="checkbox"/> Delete   |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                           |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | 02/06/08-80007-023 <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                           |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                           |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                           |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                        |  |



1st MOORE      CR2E034 (10/07)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Michael Taranto* - **MICHAEL TARANTO** 1-27-2008 386-775-1313