2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRUITED NAME OF SIGNING OFFICER OR DIRECTOR

Jul 07, 2004 08:00 AM Secretary of State DOCUMENT # P02000096254 FINANCIAL FITNESS COMPANY OF AMERICA Principal Place of Business Mailing Address 8854 GREY HAWK POINT POST OFFICE BOX 2712 ORLANDO, FL 32836 WINDERMERE, FL 34786-2712 CR2E034 (10/03) 07012004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 57-1136096 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BLAND, ANTHONY C DO NOT WRITE 8854 GREY HAWK POINT ORLANDO, FL 32836 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 egistered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Added to Fees corporation did not receive the prior notice. Trust Fund Contribution. Due by September 8, 2004 10. OFFICERS AND DIRECTORS PD TITL F NAME BLAND, ANTHONY C 11000000163981 STREET ADDRESS 8854 GREY HAWK POINT 07/07/04-80027-006 150.00 CITY-ST-ZIP ORLANDO, FL 32836 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under cath; 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 attaching riwith an address, with all other like expowered.

FILED