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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000107252

1. Entity Name
EAST POINT FITNESS CLUB, INC.

Principal Place of Business	Mailing Address
105 E GULF BEACH DR ST. GEORGE ISLAND, FL 32328	105 E GULF BEACH DR ST GEORGE ISLAND, FL 32328

02052007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		PO BOX 984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State EASTPOINT, FL	
Zip	Country	Zip 32328	Country

4. FEI Number 32-0042727 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STAMATINOS, DEBORAH S P.O. BOX 984 EASTPOINT FL, FL 32328	Name DEBORAH S. STAMATINOS Street Address (P.O. Box Number is Not Acceptable) 150 S BAYSHORE DR City EASTPOINT FL Zip Code 32328

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STAMATINOS, DEBORAH S P.O. BOX 984 EASTPOINT, FL 32328	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Deborah Stamatinos 150 South Bayshore Dr Eastpoint FL 32328	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP STAMATINOS, STEPHEN G P.O. BOX 984 EASTPOINT, FL 32328	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Stephen Stamatinos 150 South Bayshore DR Eastpoint FL 32328	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Deborah Stamatinos Deborah Stamatinos 4/20/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Document corrected per Deborah Stamatinos. PSC