2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# P02000115273

Entity Name: FITNESS SOLUTIONS FOR WOMEN, INC.

Current Principal Place of Business:

9421 WHISPERING MEADOWS LN
ORLANDO, FL 32825

New Principal Place of Business:

3269 S. JOHN YOUNG PARKWAY
KISSIMMEE, FL 34746

Current Mailing Address:

9421 WHISPERING MEADOWS LN
ORLANDO, FL 32825

New Mailing Address:

3269 S. JOHN YOUNG PARKWAY
KISSIMMEE, FL 34746

FEI Number: 03-0488033 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOUGHLEN, SHARON J
9421 WHISPERING MEADOWS LN
ORLANDO, FL 32825

Name and Address of New Registered Agent:

HOUGHLEN, SHARON J
3269 S. JOHN YOUNG PARKWAY
KISSIMMEE, FL 34746

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: SHARON J HOUGHTLEN 04/29/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: HOUGHTLEN, SHARON J
Address: 9421 WHISPERING MEADOWS LN
City-St-Zip: ORLANDO, FL 32825

Title: D ( ) Delete
Name: HOUGHTLEN, SHARON J
Address: 9421 WHISPERING MEADOWS LN
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition
Name: HOUGHTLEN, SHARON J
Address: 3269 S. JOHN YOUNG PARKWAY
City-St-Zip: KISSIMMEE, FL 34746

Title: D (X) Change ( ) Addition
Name: HOUGHTLEN, SHARON J
Address: 3269 S. JOHN YOUNG PARKWAY
City-St-Zip: KISSIMMEE, FL 34746

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: SHARON J HOUGHTLEN PVST 04/29/2004
Electronic Signature of Signing Officer or Director Date