2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: Trinothy Paters

TIMOTHY

Apr 05, 2006 08:00 AM Secretary of State DOCUMENT # P02000121476 FITNESS OUR WEIGH, INC. Principal Place of Business Mailing Address 6518 4TH STREET NORTH 6518 4TH STREET NORTH ST PETERSBURG FL ST PETERSBURG FL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 02-0653187 Not Applicat \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PETERS, TIMOTHY 5905 PLUMMER SLADE CT Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33625 Zip Code City 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 access the obligations of registered agent. DATE Significian, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when roinstailing) FILE NOW!!! FEE IS \$150.00 \$5.00 May E 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition THEF ☐ Delete TITLE MAME NAME PAOLI, MICHELLE STREET ADDRESS 5905 PLUMMER SLADE CT STREET ADDRESS CITY-ST-ZIP C33Y-S3-7IP **TAMPA FL 33625** Change MARKET AND A SECOND ☐ Delete DILE THLE 890000492225 04/19/06-80053-025 150.00 MAME NAME MANN, PHYLLIS STREET ADDRESS STREET ADDRESS 7528 SALAMANDER DR CITY - ST-ZIP CITY-ST-ZIP NEW PORT RICHEY FL 34655 MAGE: ☐ Change ITTLE TITLE Defete NAME NAME PETERS, TIMOTHY STREET ADDRESS STREET ADDRESS 5905 PLUMMER SLADE CT CITY-SI-ZIP CITY-ST-20P TAMPA FL 33625 A.Lim Defete IIILE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Attend Chance Delete TITLE 11714 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-Zip Change Art -□ Defete BRUE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP 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.

FILED

4/1/06 727-528-7377