

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000035215

FILED
Jan 03, 2005
Secretary of State

Entity Name: SHAPE IT UP OF LAKE PLACID INC.

Current Principal Place of Business:

361 INTERLAKE BLVD
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

361 INTERLAKE BLVD
LAKE PLACID, FL 33852

New Mailing Address:

404 MAPLE LN
SEBRING, FL 33876

FEI Number: 14-1886019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWENS, KATHERAN
1603 VILLAWAY W
SEBRING, FL 33876 US

Name and Address of New Registered Agent:

LAWENS, KATHERAN
404 MAPLE LN
SEBRING, FL 33876 US

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:

01/03/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAWENS, KATHERAN
Address: 1603 VILLAWAY W
City-St-Zip: SEBRING, FL 33876

Title: VP () Delete
Name: LAWENS, WILLIAM E SR
Address: 1603 VILLAWAY W
City-St-Zip: SEBRING, FL 33876

Title: SEC () Delete
Name: LAWENS, WILLIAM
Address: 1603 VILLAWAY WEST
City-St-Zip: SEBRING, FL 33876

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LAWENS, KATHERAN
Address: 404 MAPLE LN
City-St-Zip: SEBRING, FL 33876

Title: VP (X) Change () Addition
Name: LAWENS, WILLIAM E SR
Address: 404 MAPLE LN
City-St-Zip: SEBRING, FL 33876

Title: SEC (X) Change () Addition
Name: LAWENS, WILLIAM E SR
Address: 404 MAPLE LN
City-St-Zip: SEBRING, FL 33876

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: KATHERAN LAWENS

PRES

01/03/2005

Electronic Signature of Signing Officer or Director

Date