

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000073806

FILED  
May 01, 2005  
Secretary of State

Entity Name: SPORTS LIFE FITNESS CENTRES, INC.

## Current Principal Place of Business:

3518 W. JEFFERSON ST.  
ORLANDO, FL 32805

## New Principal Place of Business:

## Current Mailing Address:

3518 W. JEFFERSON ST.  
ORLANDO, FL 32805

## New Mailing Address:

FEI Number: 04-3763716

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RILEY, KEITH  
3518 W. JEFFERSON ST.  
ORLANDO, FL 32805 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RILEY, KEITH  
Address: 3518 W. JEFFERSON ST  
City-St-Zip: ORLANDO, FL 32805

Title: V ( ) Delete  
Name: OWENS, PAUL  
Address: 2477 HOWARD AVE.  
City-St-Zip: OVIEDO, FL 32765

Title: AA (X) Delete  
Name: RILEY, HIROMI  
Address: 3518 W. JEFFERSON ST.  
City-St-Zip: ORLANDO, FL 32805

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: RILEY, KEITH  
Address: 3518 W. JEFFERSON ST  
City-St-Zip: ORLANDO, FL 32805 20

Title: VP (X) Change ( ) Addition  
Name: RILEY, HIROMI  
Address: 3518 W. JEFFERSON ST.  
City-St-Zip: ORLANDO, FL 32805 20

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KEITH D. RILEY

P

05/01/2005

Electronic Signature of Signing Officer or Director

Date