## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000104689

Entity Name: FITNESS ASSOCIATES, INC.

FILED Mar 23, 2009 Secretary of State

Littly Name: FTTNESS ASSOCIATES, INC.							
Current P	rincipal Place	e of Business:	New Prince	New Principal Place of Business:			
6933 N 9TI PENSACC	H AVE DLA, FL 32504						
Current M	lailing Addres	ss:	New Maili	New Mailing Address:			
6933 N 9TI PENSACC	HAVE DLA, FL 32504						
FEI Number:	20-0369743	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	1	
Name and	Address of (	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
MOSLEY, 226 PALAF SEVILLE T PENSACC		FLOOR US	6933 NOR	LANGFORD, GLORIA 6933 NORTH 9TH AVE PENSACOLA, FL 32504 US			
	named entity e of Florida.	submits this statement for the p	ourpose of changing i	its registered	office or registered agent, or b	oth,	
SIGNATURE: GLORIA LANGFORD				03/23/2009			
	Electron	nic Signature of Registered Age	ent		Date		
Election Car	npaign Financin	g Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P ( LEWIS, CHARI 2918 ROSEMO COLUMBUS, G	NT DR	Title: Name: Address: City-St-Zip:	(	) Change ()Addition		
Title: Name: Address: City-St-Zip:	VP ( LANGFORD, G 6933 N. 9TH A' PENSACOLA, I	/E	Title: Name: Address: City-St-Zip:	A (X LANGFORD, C 6933 N. 9TH A PENSACOLA,	<b>VE</b>		
Title: Name: Address: City-St-Zip:	S ( BRODWYN, JA 3024 EDGEWO COLUMBUS, G	OOD RD	Title: Name: Address: City-St-Zip:	(	) Change ()Addition		
Title: Name: Address: City-St-Zip:	A ( GOLDSMITH, G 872 HEIFERHG COLUMBUS, G	ORN TRACE	Title: Name: Address: City-St-Zip:	VP (X GOLDSMITH, 872 HEIFERH COLUMBUS, (	ORN TRACE		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GREG GOLDSMITH VP 03/23/2009