2006 FOR FIT CORPORATION ANNUAL REPORT

Mar 13, 2006 08:00 AM **DOCUMENT # P03000125223 Secretary of State** DENNIS W. SCHULTZ, INC. Principal Place of Business Mailing Address 18120 ROYAL HAMMOCK BLVD 18120 ROYAL HAMMOCK BLVD NAPLES, FL 34114 NAPLES, FL 34114 02102008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEi Number Applied For 54-2135541 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHULTZ, DENNIS W DO NOT WRITE 18120 ROYAL HAMMOCK BLVD NAPLES, FL 34114 IN THIS SPACE 5. 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 accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150,00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS MLE PSTD NAME SCHULTZ, DENNIS W STREET ADDRESS 18120 ROYAL HAMMOCK BLVD CITY-ST-7IP NAPLES, FL 34114 UDD000464554 THE 49/21/06-80120-014 (SD.00 NAME VARGAS, JOSE STREET ADDRESS 314 PORTER ST CATY-ST-ZIP NAPLES, FL 34113 TERF NAME PEREZ, JUAN STREET ADDRESS 2180 52ND TERR., S.W. DO NOT WRITE CATY-ST-ZIP NAPLES, FL 34116 TILLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12 I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the received 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.

SIBNATURE

TITLE NAME STREET ADDRESS CITY- ST-ZIP

3-8-06

FILED