

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000132450

FILED
Apr 11, 2008
Secretary of State

Entity Name: WOMEN'S FITNESS ELEVATION, INC.

Current Principal Place of Business:

8294 S. ELIZABETH AVENUE
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

8294 S. ELIZABETH AVENUE
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 76-0752156

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREE, BILL
8294 S. ELIZABETH AVENUE
PALM BEACH GARDENS, FL 33418 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: PSD () Delete
Name: FREE, BILL
Address: 8294 S. ELIZABETH AVENUE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VSD () Delete
Name: WILSON, AUTUMN
Address: 101 SW 8TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VD () Delete
Name: WILSON, MATT
Address: 101 SW 8TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: TD () Delete
Name: FREE, NANCY
Address: 8294 S. ELIZABETH AVENUE
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: BILL FREE

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04/11/2008

Electronic Signature of Signing Officer or Director

Date