

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000000148

FILED
Apr 26, 2004
Secretary of State

Entity Name: INTEGRATED FITNESS SYSTEMS, INC.

Current Principal Place of Business:

275 MURCIA DR SUITE 109
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

275 MURCIA DR SUITE 109
JUPITER, FL 33458

New Mailing Address:

FEI Number: 20-0558828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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: D () Delete
Name: LABOSCO, MATTHEW
Address: 169 W. INDIAN CROSSING CIR.
City-St-Zip: JUPITER, FL 33458

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LABOSCO, MATTHEW
Address: 275 MURCIA DR
City-St-Zip: JUPITER, FL 33458

Title: D () Change (X) Addition
Name: LABOSCO, EVE
Address: 275 MURCIA DR #109
City-St-Zip: JUPITER, FL 33458

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: MATTHEW LABOSC

D

04/26/2004

Electronic Signature of Signing Officer or Director

Date