

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90277 043 \*\*\*158.75

<b>DOCUMENT # P04000009940</b> 1. Entity Name <b>TOTAL FITNESS KICKBOXING, INC.</b>			
Principal Place of Business <b>54 ISLE OF VENICE DR SUITE 7 FT LAUDERDALE, FL 33301</b>		Mailing Address <b>54 ISLE OF VENICE DR SUITE 7 FT LAUDERDALE, FL 33301</b>	
2. Principal Place of Business <b>130 E. OAKLAND PK BLVD #110</b> Suite, Apt. #, etc.		3. Mailing Address <b>2610 NE 13 COURT</b> Suite, Apt. #, etc.	
City & State <b>FT LAUDERDALE, FL</b>		City & State <b>FT LAUDERDALE</b>	
Zip <b>33334</b>	Country	Zip <b>33304</b>	Country
4. FEI Number <b>01-0804733</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		04142005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>		7. Name and Address of New Registered Agent Name <b>WILLIAM A. O'BRIEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>2610 NE 13TH CT #1</b> City <b>FT LAUDERDALE</b> <b>FL</b> Zip Code <b>33301</b>	
8. 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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		PRESENT <b>4/19/05</b> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD O'BRIEN, WILLIAM A 54 ISLE OF VENICE DR SUITE 7 FT LAUDERDALE, FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD O'BRIEN William 2610 NE 13 COURT 1 FT. LAUDERDALE FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 the 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.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4/19/05</b> <small>Date</small>	
<b>954.568.2707</b> <small>Daytime Phone #</small>			