


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90100 004 \*\*\*150.00

<b>DOCUMENT # P04000015502</b> 1. Entity Name FITCORE FITNESS, INC.	
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Principal Place of Business 13205 US HWY 1, STE 111 JUNO BEACH, FL 33408	Mailing Address 13205 US HWY 1, STE 111 JUNO BEACH, FL 33408
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2. Principal Place of Business <i>SAME</i>	3. Mailing Address <i>SAME</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip <span style="margin-left: 50px;">Country <i>USA</i></span>	Zip <span style="margin-left: 50px;">Country <i>USA</i></span>



04012005 Chg-P CR2E034 (10/03)

4. FEI Number <i>74-3112708</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  DEARMIN, JOHN 13205 US HWY 1, STE 111 JUNO BEACH, FL 33408	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)   City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<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>	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME DEARMIN, JOHN <span style="float: right;"><input type="checkbox"/> Delete</span>	TITLE	NAME <span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>
STREET ADDRESS 9241 SE DUNCAN ST	CITY-ST-ZIP HOBE SOUND, FL 33455	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP	HOBE SOUND, FL 33455	CITY-ST-ZIP	
TITLE VP	NAME DEARMIN, JILL <span style="float: right;"><input type="checkbox"/> Delete</span>	TITLE	NAME <span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>
STREET ADDRESS 9241 SE DUNCAN ST	CITY-ST-ZIP HOBE SOUND, FL 33455	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP	HOBE SOUND, FL 33455	CITY-ST-ZIP	
TITLE	NAME <span style="float: right;"><input type="checkbox"/> Delete</span>	TITLE	NAME <span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME <span style="float: right;"><input type="checkbox"/> Delete</span>	TITLE	NAME <span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME <span style="float: right;"><input type="checkbox"/> Delete</span>	TITLE	NAME <span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP		CITY-ST-ZIP	

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 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.

**SIGNATURE:** *[Signature]* **4/3/05** **561-371-1728**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #