2008 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Feb 21, 2008 08:00 Al **DOCUMENT # P04000015502** Secretary of State 1. Entity Name FITCORE FITNESS, INC. Mailing Address Principal Place of Business 13205 US HWY 1, STE 111 13205 US HWY 1, STE 111 JUNO BEACH, FL 33408 JUNO BEACH, FL 33408 CR2E034 (11/05) 02142008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 74-3112708 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DEARMIN, JOHN 13205 US HWY 1, STE 111 JUNO BEACH, FL 33408 IN THIS SPACE 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. DATE (NOTE: Registered Agent signature required when reinstating) U00000834138 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 02/28/08-80041-002 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE DEARMIN, JOHN NAME STREET ADDRESS 9241 SE DUNCAN ST HOBE SOUND, FL 33455 CITY-ST-ZIP TITLE NAME DEARMIN, JILL 9241 SE DUNCAN ST STREET ADDRESS CITY-ST-ZIP HOBE SOUND, FL 33455 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE

12. I hereby certify that the information supplied with this filing 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 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 with all other like empowered. changed, or on an attachment with an address

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

NAME

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR