

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000017169

Entity Name: PLAYFIT ENTERPRISES INC.

FILED  
Apr 28, 2006  
Secretary of State

## Current Principal Place of Business:

4905 BELFORT ROAD  
SUITE 110  
JACKSONVILLE, FL 32256 US

## New Principal Place of Business:

## Current Mailing Address:

4905 BELFORT ROAD  
SUITE 110  
JACKSONVILLE, FL 32256 US

## New Mailing Address:

FEI Number: 20-0631363

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

INTREPID REGISTERED AGENT SERVICES, LLC  
ONE INDEPENDENT DRIVE  
SUITE 1200  
JACKSONVILLE, FL 32202 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: PD ( ) Delete  
Name: KNIGHT, JOHN S  
Address: 4905 BELFORT ROAD, SUITE 110  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VP ( ) Delete  
Name: HARRISON, JAMES E  
Address: 4905 BELFORT ROAD, SUITE 110  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VP ( ) Delete  
Name: HIERS, CHARLES D  
Address: 4905 BELFORT ROAD, SUITE 110  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: STD ( ) Delete  
Name: KNIGHT, DEBRA  
Address: 4905 BELFORT ROAD, SUITE 110  
City-St-Zip: JACKSONVILLE, FL 32256 US

## 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 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: JOHN S. KNIGHT

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date