

2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

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05 AUG 31 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08262005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000034359 1. Entity Name PINNACLE FITNESS & PERFORMANCE CENTERS, INC.					
Principal Place of Business 8505 CHARTER CLUB CIRCLE STE. #6 FT. MYERS, FL 33919 US			Mailing Address 8505 CHARTER CLUB CIRCLE STE. #6 FT. MYERS, FL 33919 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 03-0568364			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WARD, KEVIN B 8505 CHARTER CLUB CIRCLE STE. #6 FT. MYERS, FL 33919			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WARD, KEVIN B 8505 CHARTER CLUB CIRCLE (STE. #6) FT. MYERS, FL 33919 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	2/8/05 90013 003 \$150.00 <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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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 information empowered.					
SIGNATURE: <i>Kevin B. Ward</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8-26-05 1-239-433-1674 <small>Date Daytime Phone #</small>		

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8-28-05

Dear Sirs:

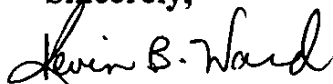
This letter to you is in reference to a conversation I had with one of your representatives this past Friday concerning my corporation and a "notice of intent to dissolve" that I received from you in the mail.

As verified by the gentleman on the phone with "Sunbiz" and the state corporation office, I mailed my notice in well before the May 1 deadline. You also have on record that my \$150.00 check was cashed back in February.

As a result, I was advised to write to you immediately and ask that you waive the late fee and accept the SS-4 form that I was asked to fill out and send in too.

I would like my corporation in good standing as soon as possible for future business. My phone number is (239) 433-1674 if you need to reach me for any further information.

Sincerely,

A handwritten signature in cursive script that reads "Kevin B. Ward".

Kevin B. Ward