

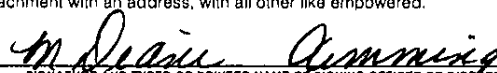


FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000113196		Secretary of State	
1. Entity Name WULFF PERSONAL TRAINING, INC.			
Principal Place of Business 5710 HOWARD CREEK ROAD SARASOTA, FL 34241		Mailing Address 5710 HOWARD CREEK ROAD SARASOTA, FL 34241	
DO NOT WRITE IN THIS SPACE		 03212008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 20-1444311	
		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 CUMMING, M. DIANE 5710 HOWARD CREEK ROAD SARASOTA, FL 34241		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		000000874924 04/11/08-80012-003 150.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P CUMMING, M. DIANE 5710 HOWARD CREEK ROAD SARASOTA, FL 34241	DO NOT WRITE IN THIS SPACE	
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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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		3/24/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	