

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000124002

FILED
Jul 20, 2005
Secretary of State

Entity Name: EVOLUTION HEALTH & FITNESS, INC.

Current Principal Place of Business:

129 N PINEAPPLE AVE
SARASOTA, FL 34236

New Principal Place of Business:

1990 MAIN STREET
SARASOTA, FL 34236

Current Mailing Address:

129 N PINEAPPLE AVE
SARASOTA, FL 34236

New Mailing Address:

1990 MAIN STREET, PH 6
SARASOTA, FL 34236

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROSSI ROMER, EMILY
129 N PINEAPPLE AVE
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

JONES, SUZETTE
1990 MAIN STREET, PH6
SARASOTA, FL 34236 US

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: SUZETTE JONES

07/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SANTANA, ERNESTO
Address: 129 N PINEAPPLE AVE
City-St-Zip: SARASOTA, FL 34236

Title: V () Delete
Name: ROSSI ROMER, EMILY
Address: 129 N PINEAPPLE AVE
City-St-Zip: SARASOTA, FL 34236

Title: V (X) Delete
Name: JENNETTE, RICHARD F
Address: 129 N PINEAPPLE AVE
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SANTANA, ERNESTO
Address: 1990 MAIN STREET, PH6
City-St-Zip: SARASOTA, FL 34236

Title: VP (X) Change () Addition
Name: JONES, SUZETTE
Address: 1990 MAIN STREET, PH6
City-St-Zip: SARASOTA, FL 34236

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 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 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: SUZETTE JONES

VP

07/20/2005

Electronic Signature of Signing Officer or Director

Date