2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 14, 2006 8:00 am Secretary of State 03-14-2006 90039 022 ***150.00

DOCUMENT # P04000139 1. Entity Name HEALTH AND FITNESS BY DESIGN			03-14-2006 90039 022 ***130.00	
Principal Place of Business	Mailing Address			
15552 97TH ROAD NORTH WEST PALM BEACH, FL 33412	15552 97TH ROAD NORTH WEST PALM BEACH, FL 334	112	5000258	
·			4 TRANSPORTER BRING BOTH BOTH BOTH BOTH BOTH HOLD HAVE HELD BOTH HOLD FRANCE HE HELD	
2. Principal Place of Business	3. Mailing Address			
10027 Ibis Reserve	10027 Ibi_ Suite, Apt. #, etc.	s Reserve	CIR.	
Suite, Apt. #, etc. arcie	Suite, Apt. #, etc.		03082006 Chg-P CR2E034 (11/05)	
City & State WEST Palm Bch. FL.	City & State West Palm !	Bch., FL.	4. FEI Number Applied For 20-1730462 Not Applicab	
Zip 334/2 Country	Zip 33412 Co	ountry	5. Certificate of Status Desired See Required Fee Required	
6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
DECKER, KATHRYN L		Name STEFF	ANI T. MARTIN	
15552 97TH ROAD NORTH		Streat Address (P.O. Box Number is Not Acceptable)		
WEST PALM BEACH, FL 33412		1_107	1114 LPROC	
		City LAK	E WORTH FL Zip Code	
8. The above named entity submits this statement for	the purpose of changing its registe		red agent, or both, i in the State of Florida. I am familiar with, and accept	
the obligations of registered agent.	- On 1:		3/ /.	
SIGNATURE Signature, typed or printed name of registered agent	- 1/9-7	·	/10/do	
signature, typed or printed name or registered agent	and men applicable. (NOTE: Hegis	stered Agent signature requ	ired wher renstating) DATE	
FILE NOW!!! FÉE IS \$150.00 After May 1, 2006 Fee will be \$550.	9. Election Campaign Fir Trust Fund Contribution		55.00 May Be dded to Fees	
10. OFFICERS AND		11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME DECKER, KATHRYN L		TITLE NAME	☐ Change ☐ Additin	
STREET ADDRESS 15552 97TH ROAD NORTH		STREET ADDRESS / C	0027 Ibis Reserve Circle	
CITY-ST-ZIP WEST PALM BEACH, FL 33412		 -	est Palm Bch, Fl. 334/2	
TITLE S NAME DECKER, KATHRYN L	0.5 50.0.0	TITLE NAME	☐ Change ☐ Additi	
STREET ADDRESS 15552 97TH ROAD NORTH		STREET ADDRESS		
CITY-ST-ZIP WEST PALM BEACH, FL 33412		CITY-ST-ZIP		
TITLE NAME	00.0.0	TITLE NAME	☐ Change ☐ Addition	
STREET ADDRESS	•	STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP	·	
NAME		TITLE	☐ Change ☐ Addition	
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP	·	CITY-ST-ZIP		
TITLE NAME		TITLE NAME	Change Addition	
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE	☐ Change ☐ Additi	
NAME STREET ADDRESS		NAME STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP	`\	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statut es. 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 eath; that I am an officer or director				
of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; an Addition my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.				
Whent)	Q61,1		3/10/06	
SIGNATURE: SIGNATURE AND APPED OR	PRINTED NAME OF SIGNING OFFICER OR I	DIRECTOR	Date Daytime Phone #	