

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90039 022 ***150.00

DOCUMENT # P04000139517 1. Entity Name HEALTH AND FITNESS BY DESIGN, INC.			
Principal Place of Business 15552 97TH ROAD NORTH WEST PALM BEACH, FL 33412		Mailing Address 15552 97TH ROAD NORTH WEST PALM BEACH, FL 33412	
2. Principal Place of Business 10027 Ibis Reserve Suite, Apt. #, etc. circle		3. Mailing Address 10027 Ibis Reserve Cir. Suite, Apt. #, etc.	
City & State West Palm Bch., FL. Zip 33412 Country		City & State West Palm Bch., FL. Zip 33412 Country	
4. FEI Number 20-1730462		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 DECKER, KATHRYN L 15552 97TH ROAD NORTH WEST PALM BEACH, FL 33412		7. Name and Address of New Registered Agent Name STEFFANI T. MARTIN Street Address (P.O. Box Number is Not Acceptable) 1704 17TH LANE City LAKE WORTH FL Zip Code 33463	
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 <u><i>Steffani T. Martin</i></u> 3/10/06 DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DECKER, KATHRYN L 15552 97TH ROAD NORTH WEST PALM BEACH, FL 33412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 10027 Ibis Reserve Circle West Palm Bch, FL. 33412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DECKER, KATHRYN L 15552 97TH ROAD NORTH WEST PALM BEACH, FL 33412 <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 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: <u><i>Kathryn L. Decker</i></u> KATHRYN L. DECKER		3/10/06 Date Daytime Phone #	

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