

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90040 035 ***150.00

DOCUMENT # P04000139517 1. Entity Name HEALTH AND FITNESS BY DESIGN, INC.			
Principal Place of Business 10027 IBIS RESERVE CIR WEST PALM BEACH, FL 33412		Mailing Address 10027 IBIS RESERVE CIR WEST PALM BEACH, FL 33412	
2. Principal Place of Business - No P.O. Box # 17819 86th St. North		3. Mailing Address 17819 86th St. North	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Loxahatchee, FL		City & State Loxahatchee, FL	
Zip 33470	Country 	Zip 33470	Country
6. Name and Address of Current Registered Agent MARTIN, STEFFANI T 1704 17TH LN LAKE WORTH, FL 33463		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 renouncing) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 10027 IBIS RESERVE CIR WEST PALM BEACH, FL 33412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17819 86th ST. NORTH LOXAHATCHEE, FL. 33470
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17819 86th ST. NORTH LOXAHATCHEE, FL. 33470
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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
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
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: <i>Kathryn L. Decker</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> KATHRYN L. DECKER, PRES.		<div style="text-align: right;"> 3/10/07 <small>Date</small> </div> <div style="text-align: right;"> <small>Daytime Phone #</small> </div>	