

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000148861

FILED
Sep 05, 2007
Secretary of State

Entity Name: ATTITUDES FITNESS FOR WOMEN, INC.

Current Principal Place of Business:

1200 DELTONA BOULEVARD
SUITE 28
DELTONA, FL 32725

New Principal Place of Business:

1200 DELTONA BOULEVARD
SUITE 26
DELTONA, FL 32725

Current Mailing Address:

1200 DELTONA BOULEVARD
SUITE 28
DELTONA, FL 32725 US

New Mailing Address:

1200 DELTONA BOULEVARD
SUITE 26
DELTONA, FL 32725 US

FEI Number: 51-0534165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAUSTAD, LINDA L ESQUIRE
815 S. VOLUSIA AVENUE
SUITE 1
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DOSS, PATRICIA A
Address: 1200 DELTONA BOULEVARD, SUITE 28
City-St-Zip: DELTONA, FL 32725 US

Title: VP () Delete
Name: KIRKPATRICK, KARA
Address: 1200 DELTONA BOULEVARD, SUITE 28
City-St-Zip: DELTONA, FL 32725 US

Title: SEC () Delete
Name: KIRKPATRICK, KRISTINE
Address: 1200 DELTONA BOULEVARD, SUITE 28
City-St-Zip: DELTONA, FL 32725 US

Title: TRES () Delete
Name: KIRKPATRICK, JOHN
Address: 1200 DELTONA BOULEVARD, SUITE 28
City-St-Zip: DELTONA, FL 32725 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PATRICIA DOSS

P

09/05/2007

Electronic Signature of Signing Officer or Director

_____ Date