## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 02, 2006 8:00 am Secretary of State 04-28-2006 90181 034 \*\*\*158.75

1. Entity Name FEMMEFITNESS, INC.						~ ~ u q				
Principal Place of Business		Mailing Address		7	0.0	,				
1505 S ALE PLANT CITY,	KANDER ST STE 101 FL 33563	1505 S ALEXANDER ST STE 101 Plant City, FL 33563			A (British	ill barw Dittl Dalli 2211, 25	nn <b>22</b> we mest s	416 S1163 was 1	indra e mai	
2. Principal F	Pace of Business	3. Mailing Address			-					
Suite, Apt. F, etc.		Suite, Apt. Ø, etc.		04212006	Chg-P	CR2E0	34 (11/05)	)		
City & State		City & State		4. FEI Numi	מרב רו <del>"</del>		<b>}</b>	pplied For lot Applicable		
Zip Country		Zip Country		יָי		e of Status Desired		\$8.75 Ad	lditional	
6. Name and Address of Current Registered Agent				Name	7. Name an	d Address of New i	tegistered /	Agent		
	II, D. HOWARD ESQUIRE	,								
STITZEL L 206 N CO	.AW GROUP, P.A. LLINS ST	Street Address			(P.O. Box Number is Not Acceptable)					
PLANT CITY, FL 33563			-							
,				City	FL Zip Code					
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										
Nigrature, typed or printed name of registered agent and left if applicable (NOTE Registered Agent signature required whose remaining) DATE										
FILE NOWIT FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  R. Election Campeign Finencing \$5.00 May Be Added to Fees										
10.	OFFICERS AND	DIRECTORS Delete	11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTOR		
NAME	PUES, ALICIA R		NONE					Cheeds	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET	T AOORESS 51-29						
TITLE	WILLIAMS, DEBORAH A 1505 S ALEXANDER ST STE 101 STR PLANT CITY, FL 33563 CITY		TITLE					Change	Addition	
NAME STREET ADDRESS			HAME	F ADDRESS					1	
CITY-81-ZIP			CITY-E		_					
TITLE	D WILLIAMS, ASHLEY L	☐ Deleto	TITLE					Change	Addition	
STREET ADDRESS	1505 S ALEXANDER ST STE 10	1	STREET	T ADDRESS					Ì	
CITY-ST-ZIP	PLANT CITY, FL 33563	☐ Detesa	CETY-S TITLE	51-20P		·	<u></u>			
NUME		عمور کا	HAME					☐ Change	Addidos	
STREET ADDRESS CITY-ST-ZIP	•		STREET	T ADDRESS 51-ZIP					ł	
TITLE		☐ Delete	TITLE					Change	☐ Addition	
STREET ADDRESS	-		NAME STREET	AOORESS						
CITY-ST-ZIP			CITY-S	5T-ZIP						
TITLE NAME		☐ Delete	TITLE NAME		-			Change	Addition	
STREET ADDRESS			STREET	ADDRESS					ļ	
12. I heraby	partify that the information aurostical with	this files close not availed to	CITY-S		d in Chrote 111	) Clarida Cast as 1	6	L. M		
12. I hereby certify that the information supplied with this filting 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 occipion of the receiver of 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: \$\\ \text{26}  \text{26}  \text{(813) 752-6613}										
	FIGHATURE AND TYPED OR P	RINITED HANG OF CHORING OFFICER OF	DIRECTO	AR .		- C-	C -X	arine Dans d		