2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000037272

FILED Apr 21, 2006 8:00 am Secretary of State

04-21-2006 90110 014 ***150.00

Signature Sign	1. Entity Nan GENESIS	S FITNESS INC.								
Suite, Apt. #, etc. Suite, Apt. #, etc. O4172006 Chg-P CR2E034 (11/05)	275 SOUTH LAWRENCE BOULEVARD 275 SOUTH LAWRENCE BOUL				ARD	40	056763			
City & State Applied I Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Requised	Principal Place of Business 3. Mailing Address									
Zip Country Zip Country 5. Certificate of Status Desired	Suite, Apt. #, etc.		Suite, Apt. #, etc.			04172006	Chg-P	CR2E	034 (11/05)	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIGMON, TODD M 275 SOUTH LAWRENCE BOULEVARD KEYSTONE HEIGHTS, FL 32656 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 at the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title of applicable. PILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1' ITILE P.D. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1' SIRRET ADDRESS CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656 CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656 CITY-ST-ZIP ITILE NAME SIGMON, TODD M SIRRET ADDRESS CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656 CITY-ST-ZIP SIRRET ADDRESS SIRRET ADDRESS CITY-ST-ZIP SIRRET ADDRESS SIRRET ADDRES	City & State		City & State	City & State					1 	plied For t Applicable
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SIGMON, TODD M 275 SOUTH LAWRENCE BOULEVARD KEYSTONE HEIGHTS, FL 32656 Street Address (P.O. Box Number is Not Acceptable) 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 at the obligations of registered agent. SIGNATURE Signature, hoped or protect name of registered agent and title of sopiciable. PILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE P,D SIGMON, TODD M SIREET ADDRESS CITY-S1-ZIP ITILE S,T SIGMON, TODD M SIREET ADDRESS CITY-S1-ZIP SIREET ADDRESS CITY-S1-ZIP SIREET ADDRESS CITY-S1-ZIP SIREET ADDRESS CITY-S1-ZIP SIREET ADDRESS SIRE	6. Name and Address of Current Registered Agent					7. Name and	Address of New R	Registered	Agent	
Street Address (P.O. Box Number is Not Acceptable) City	CICHON	TODO M			Name					
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 at the obligations of registered agent. SIGNATURE Signature, hybeid or purised name of registered agent and title if applicable. (NOTE: Registered Agent signature required whon reinstating) PILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.	275 SOUTH LAWRENCE BOULEVARD				Street Addr	ress (P.O. Box Number	r is Not Acceptable	e)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. SIGNATURE Signature, typed or pretted name of registered agent and title if applicable. (NOTE: Registered Agent agrature required when reinstating) PILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: ITIEL P.D. Delete ITIEL MAME SIGMON, TODD M STREET ADDRESS CITY-ST-2IP KEYSTONE HEIGHTS, FL 32656 CITY-ST-2IP Change AMAE STREET ADDRESS	KEISION	4E (1E10/110, 1 E 02000					<u>-</u>			
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12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS CITY+ST-ZIP

SIGNATURE:

Myas

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TODO M. SIGMON IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Delete

4/20/06

352.473-7388

☐ Change

☐ Change ☐ Addition

☐ Addition