

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P05000047158

1. Entity Name  
PEAK PERFORMANCE SPORTS FITNESS INC



Principal Place of Business

2901 SW 41ST STREET  
APT 1205  
OCALA, FL 34474

Mailing Address

PO BOX 772464  
OCALA, FL 34477

2. Principal Place of Business - No P.O. Box #

14700 SE CTY RD 475

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUMMERFIELD FL

City & State

Zip 34491

Country USA

Zip

Country

03292007 Chg-P CR2E034 (12/06)

4. FEI Number

20-2624173

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STEERFORTH, ELEANOR  
2901 SW 41ST STREET  
1205  
OCALA, FL 34474

(P.O. Box 772464)  
Ocala, FL 34477

14700 SE CT ROAD 475  
Summerfield FL 34491

7. Name and Address of New Registered Agent

Name

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 accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renaming)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P/T  
NAME STEERFORTH, ELEANOR  
STREET ADDRESS 2901 SW 41ST STREET  
CITY-ST-ZIP OCALA, FL 34474

Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

Change  Addition

14700 SE CTY RD 475

Summerfield FL 34491

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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Change  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: *Eleanor Steerforth*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352

362-5131

**FILED  
Apr 23, 2007 8:00 am  
Secretary of State**

04-23-2007 90071 035 \*\*\*150.00