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2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90350 032 ***150.00

DOCUMENT # P05000063497

1. Entity Name
CUTTING EDGE FITNESS, INC

Principal Place of Business	Mailing Address
8720 ALICO ROAD SUITE 7 FORT MYERS, FL 33912 US	8720 ALICO ROAD SUITE 7 FORT MYERS, FL 33912 US

04212006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
15091 S. Tamiami Trl	15091 S. Tamiami Trl.
Suite, Apt. #, etc. F102	Suite, Apt. #, etc. F102
City & State Fort myers FL.	City & State Fort myers FL.
Zip 33908 Country Lee	Zip 33908 Country Lee

4. FEI Number: 20-2766882 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBERTS, WILLIAM J 15091 S TAMIAMI TR FORT MYERS, FL 33908	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: _____ 4-25-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	VT ROBERTS, WILLIAM J 14001 LAKE MAHOGANY BLVD. #2313 FORT MYERS, FL 33907	☐ Delete	PUT Roberts William J 9908 Vanilla Leaf Street Ft. Myers. FL. 33919	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	S Johathon Kob 9908 Vanilla Leaf Street Ft myers FL. 33919	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: _____ 4-25-06 239-822-4624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #