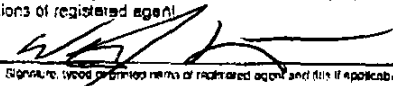
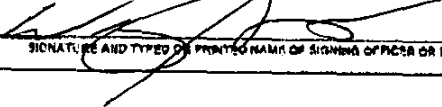


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FORRESTEI

**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 8720 ALICO ROAD SUITE 7 FORT MYERS, FL 33912 US			Mailing Address 8720 ALICO ROAD SUITE 7 FORT MYERS, FL 33912 US		
2. Principal Place of Business 15091 S. Tamiami Trl			3. Mailing Address 15091 S. Tamiami Trl		
Suite, Apt. #, etc. F102			Suite, Apt. #, etc. F102		
City & State Ft Myers FL			City & State Ft 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 ROBERTS, WILLIAM J 15091 S TAMIAM TR FORT MYERS, FL 33908			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  DATE 4-25-06 (Signature: Good printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reappointing) 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	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PUT Roberts William J 9908 VANILLA LEAF Street FT MYERS, FL 33919	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Jonathan Kob 9908 VANILLA LEAF Street FT MYERS FL 33919	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ 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: 			DATE 4-25-06 239-822-4624		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		