# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 05, 2006**
**Secretary of State**

DOCUMENT# P05000109925

**Entity Name:** BODY MECHANICS FITNESS & TRAINING, INC.

**Current Principal Place of Business:**

1300 S OCEAN BLVD #703
POMPANO BCH, FL 33062

**New Principal Place of Business:**

5109 N UNIVERSITY DRIVE
LAUDERHILL, FL 33313

**Current Mailing Address:**

1300 S OCEAN BLVD #703
POMPANO BCH, FL 33062

**New Mailing Address:**

5787 W SUNRISE BLVD
PLANTATION, FL 33313

**FEI Number: 26-0123898** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TURNER, OTHEL
5787 W SUNRISE BLVD
PLANTATION, FL 33313 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete
Name: SHORR, STEPHANIE
Address: 1300 S OCEAN BLVD #703
City-St-Zip: POMPANO BCH, FL 33062

Title: DVS ( ) Delete
Name: FERGUSON, NICHOLAS
Address: 1310 NW 32ND AVE
City-St-Zip: FT LAUDERDALE, FL 33311

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHANIE SHORR DPT 07/05/2006

Electronic Signature of Signing Officer or Director Date