## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

PRINCIPLE PILLS OF STATE TALL AHASSES, FLORIG / PRINCIPLE PILLS AND DIRECTORS  1. Maling Address  SUID, Apt. 4, etc.  SUID, Ap	DOCUMENT # P05000117664  1. Entity Name TRAINERS TO GO, INC.					2007 SEP 17 PM 4: 42				
Sule, Apl II, etc.    Sule, Apl II, etc.	500 SW 176	TH AVENUE	500 SW 176TH AVENUE			SECRETARY OF STATE TALLAHASSEE.FLORIDA				
City & State    City & State   City & State   City & State   A. Fill Number   CO-0711385   Replied for   Name   Replied for   Replied f	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address						
Zip Country Zip Country Sp. Co	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			08172007	Chg-P	CR2E034 (12	<b>4</b> 06)	
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  PADRON, JUAN 500 SW 176TH AVENUE PEMBROKE PINES, FL 33029  City  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 Plorida. Term familiar with, and accopt the obligations or registered agent.  8.30 - 0 7  SIGNATURE  PILE NOWILI FEE 13 \$150.00  Due by September 14, 2007  PUBLICAN Commoding Financing The Now 175TH AVENUE  PADRON, JUAN 300 W 175TH AVENUE  Date  ITIE  Date  Da	City & State		City & State					-		
PADRON, JUAN 500 SW 176TH AVENUE PEMBROKE PINES, FL 33029  City  City  FL  City  City  FL  City  FL  City  FL  City  FL  City  FL  City  City  FL  City  FL  City  FL  City  City  FL  City  FL  City  FL  City  City  FL  City  FL  City  City  FL  City  City  FL  City  FL  City  City  FL  City  City  FL  City  City  FL  City  FL  City  Cit	Zip	Country	Zip	Country		5. Certificate	of Status Desired			
Street Address (F.O. Box Number is Not Acceptable)    City   FL   Zip Code			t Registered Agent	Na	**************************************					
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	500 SW 176TH AVENUE				eet Address (	(P.O. Box Number is Not Acceptable)				
The Debiguitors of registered agent.    SIGNATURE					•	<del></del>	<del></del>			
FILE NOWILI FEE IS \$150.00 Due by September 14, 2007  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE PADRON, JUAN PADRON, JUAN SOU SW 176TH AVENUE PEMBROKE PINES, FL 33029  101. STREET ADDRESS CITY-ST-2P  102. Debte 103. TRUST FAURESS CITY-ST-2P  104. Debte 105. TRUST FAURESS CITY-ST-2P  106. OFFICERS AND DIRECTORS IN 11  106. OFFICERS AND DIRECTORS 117. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  107. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  108. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  109. 17/07-01045-021 **150, 00  109. 109. 109. 109. 109. 109. 109. 109.	8. The above the obligat	named entity submits this statement fi	or the purpose of changing it	s registered off	ice or register	ed agent, or bo	oth, in the State of Flo	orida. I am familiar	with, and accept	
Trust Fund Contribution   Added to Fees   Corporation did not receive the prior notice.	SIGNATURE Signature (speed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME								with s. 607.193(2 not receive the p	?)(b), F.S., the prior notice.	
NAME STREET ADDRESS CITY-ST-2P TITLE S	10.	y	D DIRECTORS	11.		ADDITIONS	L CHANGES TO OFF	ICERS AND DIREC	CTORS IN 11	
NAME SIREET ADDRESS CITY-ST-ZIP  TILLE NAME NAME SIREET ADDRESS CITY-ST-ZIP  TILLE NAME SIREET ADDRESS CITY-ST-ZIP CONTROLLED SIREET ADDRESS CITY-ST-ZIP  TILLE NAME SIREET ADDRESS CITY-ST-ZIP CONTROLLED SIRET ADDRESS CITY-ST-ZIP CONTROLLED SIRET ADDRESS CITY-ST-ZIP CONTROLLED SIRET ADDRESS CITY-ST-ZIP CONTROLLED SIRET ADDRESS CITY-ST-ZIP CONTROLLED SI	NAME STREET ADDRESS	PADRON, JUAN 500 SW 176TH AVENUE				91 09/17	<b>30109S</b> 7/0701045	5224 <b>9</b> 021 **		
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRES	NAME STREET ADDRESS	□ Delete		NAME STREET ADD	I			Ch	ange 🗍 Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO Lange Addition NAME STREET ADDRESS CITY-ST-ZIP  TO Lange Addition NAME STREET ADDRESS CITY-ST-ZIP  TO Lange Addition NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO Lange Addition NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	NAME STREET ADDRESS	NAI STF			I			☐ Cn	ange 🔲 Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  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:  **PAGENTAL PROPERTY OF THE ADDRESS CITY-ST-ZIP  **PAGENTAL PRO	NAME STREET ADDRESS		□ Delete	name Street addi	!		-	□ Cr	ange Addition	
NAME STREET ADDRESS CITY-ST-ZIP  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:	NAME Street address		□ Delete	NAME . Street addi				□ ch	ange Addition	
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davisor Phone #	indicated of the cor	on this report or supplemental report in poration or the receiver or trustee emp	is true and accurate and that powered to execute this repor	my signature s it as required b	hall have the s	same legal effe	ct as if made under o	oath; that I am an c	officer or director	
	SIGNAT	URE: SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR			7-30-07 Date	Daytime Pt	none #	