

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 13, 2006 8:00 am
Secretary of State
05-08-2006 90276 039 ***150.00

DOCUMENT # P05000117906

1. Entity Name
TOTAL PERFORMANCE FITNESS, INC.



Principal Place of Business
**4771 BROOK RD.
WEST PALM BEACH FL 33409**

Mailing Address
**4771 BROOK RD.
WEST PALM BEACH FL 33409**

2. Principal Place of Business
590 Lovers Circle #232

3. Mailing Address
590 Lovers Circle #232

City & State
Delray Beach FL

City & State
Delray Beach FL

Zip
33444

Country
USA

4. FEI Number
20-2897309

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**C & E FINANCIAL SERVICES, INC.
5446 OAKBRANCH DRIVE
LAKE WORTH FL 33463**

7. Name and Address of New Registered Agent
Name
Lauren Pearlman
Street Address (P.O. Box Number is Not Acceptable)
590 Lovers Circle #232
City
Delray Beach FL Zip Code
33444

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 **Lauren Pearlman** (NOTE: Registered Agent signature required when reappointing)
DATE **4/28/06**

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 P	<input type="checkbox"/> Delete	TITLE Change	<input type="checkbox"/> Addition
NAME PEARLMAN, LAUREN		NAME 590 Lovers Circle #232	
STREET ADDRESS 4771 BROOK RD.		STREET ADDRESS Delray Beach FL 33444	
CITY-ST-ZIP WEST PALM BEACH FL 33409		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **Lauren Pearlman** **Lauren Pearlman** **4/28/06** **590 33444**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #