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Secretary of State
08-08-2007 90067 050 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000120802

40128551

1. Entity Name
UPTEMPO SPORTS & FITNESS, INC

Principal Place of Business	Mailing Address
704 NAUTILUS DRIVE PORT ST. JOE, FL 32456	317 WILLIAMS AVENUE PORT ST. JOE, FL 32456

07252007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
317 WILLIAMS AVE	
Suite, Apt #, etc	Suite, Apt #, etc
City & State: PORT ST JOE, FL	City & State
Zip: 32456 Country: USA	Zip Country

4. FEI Number: 35-2260329 ☐ 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
MAGIDSON, MEL C JR 528 SIXTH ST. PORT ST. JOE, FL 32456	Name: CHARLES BLACK Street Address (P.O. Box Number is Not Acceptable): 317 WILLIAMS AVE City: PORT ST JOE FL Zip Code: 32456

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: _____ CHARLES BLACK 7-25-2007
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
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VARONA, LISA 485 BASSWOOD RD PORT ST. JOE, FL 32456	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VARONA, ANTHONY 485 BASSWOOD RD PORT ST. JOE, FL 32456	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLACK, CHARLES 704 NAUTILUS DR PORT ST. JOE, FL 32456	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLACK, DANA 704 NAUTILUS DR PORT ST. JOE, FL 32456	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST	☒ 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

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: _____ CHARLES BLACK 7-25-2007 850-229-1525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #