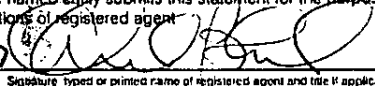
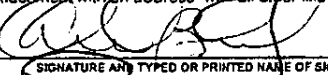


FILED
Aug 08, 2007 8:00 am
Secretary of State

08-08-2007 90067 050 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000120802			
1. Entity Name UPTempo SPORTS & FITNESS, INC			
Principal Place of Business 704 NAUTILUS DRIVE PORT ST. JOE, FL 32456		Mailing Address 317 WILLIAMS AVENUE PORT ST. JOE, FL 32456	
2. Principal Place of Business - No P.O. Box # 317 WILLIAMS AVE		3. Mailing Address	
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		07252007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent MAGIDSON, MEL C JR 528 SIXTH ST. PORT ST. JOE, FL 32456		7. Name and Address of New Registered Agent 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		7-25-2007 850-229-1525 Date Daytime Phone #	