

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000123421

Entity Name: 3D FITNESS, INC.

FILED
Mar 18, 2006
Secretary of State

Current Principal Place of Business:

3617 CROWN POINT ROAD
SUITE #2
JACKSONVILLE, FL 32257

Current Mailing Address:

3617 CROWN POINT ROAD
SUITE #2
JACKSONVILLE, FL 32257

New Principal Place of Business:

3617 CROWN POINT ROAD
SUITE #10
JACKSONVILLE, FL 32257

New Mailing Address:

PO BOX 57487
JACKSONVILLE, FL 322417487

FEI Number: 20-3449305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, MEREDITH ALLEN
3617 CROWN POINT ROAD
SUITE #2
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

HERNANDEZ, MEREDITH ALLEN
3617 CROWN POINT ROAD
SUITE #10
JACKSONVILLE, FL 32257 US

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: MEREDITH ALLEN HERNANDEZ

03/18/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FOLEY, MARY M
Address: 3617 CROWN POINT ROAD, SUITE #2
City-St-Zip: JACKSONVILLE, FL 32257

Title: STD () Delete
Name: FOLEY, BRET S
Address: 3617 CROWN POINT ROAD, SUITE #2
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FOLEY, MARY M
Address: PO BOX 57487
City-St-Zip: JACKSONVILLE, FL 322417487

Title: STD (X) Change () Addition
Name: FOLEY, BRET S
Address: PO BOX 57487
City-St-Zip: JACKSONVILLE, FL 322417487

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: MARY FOLEY

PD

03/18/2006

Electronic Signature of Signing Officer or Director

Date