

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000123421

Entity Name: 3D FITNESS, INC.

FILED  
Apr 06, 2008  
Secretary of State

## Current Principal Place of Business:

3617 CROWN POINT ROAD  
SUITE #10  
JACKSONVILLE, FL 32257

## Current Mailing Address:

PO BOX 57487  
JACKSONVILLE, FL 322417487

## New Principal Place of Business:

3617 CROWN POINT ROAD  
SUITE #2  
JACKSONVILLE, FL 32257

## New Mailing Address:

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 #10  
JACKSONVILLE, FL 32257 US

## Name and Address of New Registered Agent:

HERNANDEZ, MEREDITH ALLEN  
3617 CROWN POINT ROAD  
SUITE #2  
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

04/06/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

04/06/2008

Electronic Signature of Signing Officer or Director

Date