
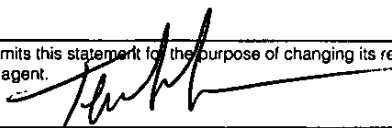
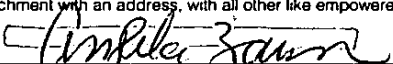


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90013 024 ***150.00

DOCUMENT # P05000131948 1. Entity Name PILATES CENTRAL, INC.					
Principal Place of Business 400 COREY AVENUE 2ND FLOOR 2ND FLOOR ST PETE BEACH, FL 33706			Mailing Address 400 COREY AVENUE 2ND FLOOR 2ND FLOOR ST PETE BEACH, FL 33706		
2. Principal Place of Business 449 Central Avenue			3. Mailing Address 		
Suite, Apt. #, etc. Suite 201			Suite, Apt. #, etc. 		
City & State St. Petersburg, FL			City & State 		
Zip 33712		Country USA		Zip 	
Country 		4. FEI Number 20-3599032			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MCNAMARA, TERRANCE P ESQ 400 COREY AVENUE 2ND FLOOR 2ND FLOOR ST PETE BEACH, FL 33706					
7. Name and Address of New Registered Agent Name Terrance P. McNamara, Esq. Street Address (P.O. Box Number is Not Acceptable) 400 Corey Avenue, 2nd Floor City St. Pete Beach FL Zip Code 33706					
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: 					
(NOTE: Registered Agent signature required when reinstating)					
DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS ZAUN, ANGELA <input type="checkbox"/> Delete 5655 LYNN LAKE DRIVE S APT A ST PETERSBURG, FL 33712				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZAUN, ANGELA <input type="checkbox"/> Delete 5655 LYNN LAKE DRIVE S APT A ST PETERSBURG, FL 33712				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS Zaun, Angela <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5010 31st Street S. St. Petersburg, FL 33712				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Zaun, Angela <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5010 31st Street S. St. Petersburg, FL 33712				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Angela Zaun, President					
Date 2-18-06 Daytime Phone #					