

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000137188

FILED
Jan 11, 2008
Secretary of State

Entity Name: FUNCTIONAL INTEGRATIVE TRAINING, INC.

Current Principal Place of Business:

17 OLD KINGS RD. NORTH
SUITE O
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

17 OLD KINGS RD. NORTH
SUITE O
PALM COAST, FL 32137

New Mailing Address:

FEI Number: 56-2541360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHALLICE, DAVID
17 OLD KINGS RD. NORTH
SUITE O
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHALLICE, DAVID
Address: P.O. BOX 354932
City-St-Zip: PALM COAST, FL 32135

Title: D () Delete
Name: CHALLICE, DESIREE M
Address: P.O. BOX 354932
City-St-Zip: PALM COAST, FL 32135

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: DESIREE M. CHALLICE

D

01/11/2008

Electronic Signature of Signing Officer or Director

Date