

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000137188

**FILED**  
**Mar 21, 2011**  
**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:**

3118 FLORIDA BLVD  
201B  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

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

**New Mailing Address:**

P.O. BOX 354932  
PALM COAST, FL 32135

**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:**

CHALLICE, DAVID  
3118 FLORIDA BLVD  
201B  
DELRAY BEACH, FL 33483 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: DAVID CHALLICE

03/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: DESIREE CHALLICE

P

03/21/2011

Electronic Signature of Signing Officer or Director

Date