

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90341 031 \*\*\*150.00

<b>DOCUMENT # P05000165162</b> 1. Entity Name <b>4 MINUTE FITNESS, INC.</b>					
Principal Place of Business <b>1136 NE PINE ISLAND RD. CAPE CORAL, FL 33909</b>			Mailing Address <b>1136 NE PINE ISLAND RD. CAPE CORAL, FL 33909</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>010 Candice Freese</i> <b>6370 P.G.A. DR NE</b> City & State <b>N. FORT MYERS FL</b> Zip <b>33917</b>		Country <b>USA</b>	
City & State <b>N. FORT MYERS FL</b>		4. FEI Number <b>08-0762938</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33917</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STORY, EUGENE R 1136 NE PINE ISLAND ROAD NORTH FOTY MYERS, FL 33909</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPV STORRY, EUGENE R 1136 NE PINE ISLAND ROAD NORTH FOTY MYERS, FL 33909	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST STORRY, EUGENE R 1136 NE PINE ISLAND ROAD NORTH FOTY MYERS, FL 33909	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <u>EUGENE R. STORY</u> <b>4-18-06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					