


FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90068 005 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

| | | | |
|--|---|---|---|
| DOCUMENT # P06000026101 | |  | |
| 1. Entity Name JOLISSAN LADIES FITNESS, INC. | | | |
| Principal Place of Business 1540 CLERMONT DRIVE 104 NAPLES, FL 34109-0336 | | Mailing Address 1540 CLERMONT DRIVE 104 NAPLES, FL 34109-0336 | |
| 2. Principal Place of Business - No P.O. Box # LADIES WORKOUT EXPRESS | | 3. Mailing Address | |
| Suite, Apt. #, etc. 893 VANDERBILT BEACH RD | | Suite, Apt. #, etc. | |
| City & State NAPLES - COLLIER | | City & State | |
| Zip 34108 | Country USA | Zip | Country |
| 4. FEI Number 20-438 9573 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HEARD, SUSAN 1540 CLERMONT DRIVE 104 NAPLES, FL 34109-0336 | | 7. Name and Address of New Registered Agent | |
| | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | |
| FILE NOW!! FEE IS \$150.00 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS HEARD, SUSAN 1540 CLERMONT DRIVE 104 NAPLES, FL 341090336 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT HEARD, JOHN 1540 CLERMONT DRIVE 104 NAPLES, FL 341090336 <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: John E. Heard | | Date: MAY 2007 Daytime Phone #: 239-514-0603 | |

ATTACHMENT
40107296

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

5 May 2007

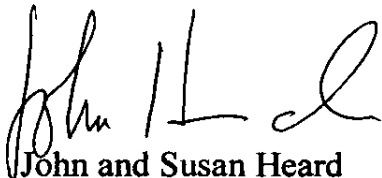
Sir/Madam:

REF: Document P06000026101

I have been trying all week to file my Annual Report on line but to no avail.

Records
The telephone number (850) 245 -6056 was not answered by a human voice
- just records. This is not at all helpful and very frustrating for people who
are trying to meet their legal responsibilities to the State.

Please find the report enclosed with the appropriate check.



John and Susan Heard
JOLISSAN Ladies Fitness
dba Ladies Workout Express
1540 Clermont Drive 104
Naples, Florida 34109-0336