


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90045 037 \*\*\*158.75

<b>DOCUMENT # P06000026290</b>		
1. Entity Name <b>FIT LIFESTYLE, INC.</b>		

Principal Place of Business <b>4099 NW 73RD WAY CORAL SPRINGS, FL 33065</b>	Mailing Address <b>4099 NW 73RD WAY CORAL SPRINGS, FL 33065</b>
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40018063



2. Principal Place of Business - No P.O. Box # <b>8132 Wiles Road</b> Suite, Apt. #, etc.	3. Mailing Address <b>8132 Wiles Road</b> Suite, Apt. #, etc.
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01302007 Chg-P CR2E034 (12/06)

City & State <b>Coral Springs, Florida</b>	City & State <b>Coral Springs, Florida</b>
Zip <b>33067</b>	Country <b>U.S.</b>
Zip <b>33067</b>	Country <b>U.S.</b>

4. FEI Number <b>20-4382866</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>ANDREW F. GAROFALO, P.A. 11555 HERON BAY BLVD. #200 CORAL SPRINGS, FL 33076</b>	
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7. Name and Address of New Registered Agent	
Name <b>John L. Diehl</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>4099 NW 73rd Way</b>	
City <b>Coral Springs</b>	FL Zip Code <b>33065</b>

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  **John L. Diehl, President** February 13, 2007  
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST: <input type="checkbox"/> Delete <b>DIEHL, JOHN 4099 NW 73RD WAY CORAL SPRINGS, FL 33065</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Diehl, John 4099 NW 73rd Way Coral Springs, FL 33065</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Diehl, Sandra 4099 NW 73rd Way Coral Springs, FL 33065</b>
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
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
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
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

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 L. Diehl, President** Feb. 13, 2007 954-755-2838  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #