
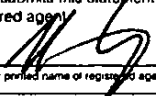
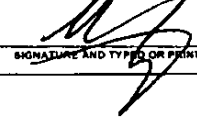


**FILED**  
**Jun 25, 2007 8:00 am**  
**Secretary of State**

06-12-2007 90109 042 \*\*\*150.00  
 06-25-2007 90001 042 \*\*\*408.75

**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

6/

<b>DOCUMENT # P06000070804</b>					
1. Entity Name <b>PINECREST HEALTH &amp; FITNESS INC.</b>					
Principal Place of Business <b>15201 SW 88 COURT PALMETTO BAY, FL 33157</b>			Mailing Address <b>15201 SW 88 COURT PALMETTO BAY, FL 33157</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>41-2206705</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BUSINESS FILINGS INCORPORATED 1203 GOVERNOR'S SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2960</b>			7. Name and Address of New Registered Agent		
			Name <b>MIKE ESTEVEZ</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>15201 SW 88 COURT</b>		
			City <b>Palmetto Bay</b>		FL
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 re-registering) 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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ESTEVEZ, MICHAEL 15201 SW 88 COURT PALMETTO BAY, FL 33157	<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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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:  (NOTE: Registered Agent signature required when re-registering) DATE: _____ Daytime Phone # _____					

40121532



04062007 Chg-P CR2E034 (12/06)

Applied For  Not Applicable