

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90481 008 ***150.00

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DOCUMENT # P06000093511 1. Entity Name FITNESS ON DEMAND HOLDING CORP.					
Principal Place of Business 335 BAHIA VISTA DRIVE INDIAN ROCKS BEACH, FL 33785			Mailing Address 335 BAHIA VISTA DRIVE INDIAN ROCKS BEACH, FL 33785		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 144			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Indian Rocks Beach, FL		4. FEI Number 20-5217447	
Zip		Country 33785 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOX, BRENDALEE 335 BAHIA VISTA DRIVE INDIAN ROCKS BEACH, FL 33785			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 DATE 4/26/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE President NAME Brenda Lee Fox <input type="checkbox"/> Delete			TITLE S NAME Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Brenda Lee Fox		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP 335 Bahia Vista Drive Indian Rocks Beach, FL 33785		
TITLE <input type="checkbox"/> Delete			TITLE T NAME Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Brenda Lee Fox		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP Indian Rocks Beach, FL 33785		
TITLE <input type="checkbox"/> Delete			TITLE P NAME President <input type="checkbox"/> Change <input type="checkbox"/> Addition Brenda Lee Fox		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP 335 Bahia Vista Drive Indian Rocks Beach, FL 33785		
TITLE <input type="checkbox"/> Delete			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE <input type="checkbox"/> Delete			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
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 Brenda Lee Fox			Date 4/26/07 Daytime Phone # 727-595-7508		