2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000119417

FILED Jul 10, 2007 Secretary of State

Entity Na	me: CANDLE	LITE FITNESS CENTER, INC			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	DLELIGHT BOL /ILLE, FL 3460				
Current M	lailing Addres	ss:	New Mailing Addres	New Mailing Address:	
	DLELIGHT BOU VILLE, FL 3460				
FEI Number	: 20-5551406	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	l Address of C	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
CHRISTOPHER, JUDITH A 7075 WPA ROAD BROOKSVILLE, FL 34601 US			955 CANDLELIGHT B	BRACKEN, THOMAS P 955 CANDLELIGHT BOULEVARD BROOKSVILLE, FL 34601 US	
	e named entity s e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: THOMAS P. BRACKEN				07/10/2007	
	Electror	nic Signature of Registered Ac	gent	Date	
		3(2)(b), F.S., the corporation did r g Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BRACKEN, TH	GHT BOULEVARD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BRACKEN, TH	GHT BOULEVARD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BRACKEN, TH	GHT BOULEVARD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	TRES ()) Delete DMAS P	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: THOMAS P. BRACKEN Ρ 07/10/2007

955 CANDLELIGHT BOULEVARD

BROOKSVILLE, FL 34601 US

Address:

City-St-Zip: