## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000128782

Entity Name: FIT PHYSIQUE, INC. 1

FILED Jan 05, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1900 CUTLASS COVE DR. 1906 14TH AVE VERO BEACH, FL 32963 US US VERO BEACH, FL 32960 **Current Mailing Address: New Mailing Address:** 1900 CUTLASS COVE DR. VERO BEACH, FL 32963 US FEI Number: 20-5717653 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WEISBROT, JOHN 1900 CUTLÁSS COVE DR. VERO BEACH, FL 32963 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition WEISBROT, JOHN Name: Name: 1900 CUTLASS COVE DR. Address: Address: City-St-Zip: VERO BEACH, FL 32963 US City-St-Zip: Title: VP/T Title: () Delete () Change () Addition WEISBROT, JOHN Name: Name: 1900 CUTLASS COVE DR. Address: Address: VERO BEACH, FL 32963 US City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition WEISBROT, JOHN Name: Name: 1900 CUTLASS COVE DR. Address: Address: City-St-Zip: VERO BEACH, FL 32963 US City-St-Zip: Title: () Delete Title: () Change () Addition WEISBROT, MARION Name: Name: Address: 1900 CUTLASS COVE DR. Address: City-St-Zip: VERO BEACH, FL 32963 US City-St-Zip:

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.

SIGNATURE: JOHN WEISBROT PRES 01/05/2008