

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000154224

FILED
Feb 22, 2007
Secretary of State

Entity Name: THRIVE FITNESS HOLDING, INC.

Current Principal Place of Business:

285 W. CENTRAL PKWY., SUITE 1726
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

285 W. CENTRAL PKWY., SUITE 1726
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 20-8065057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEAN MEAD SERVICES, LLC.
800 N. MAGNOLIA AVE., SUITE 1500
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Change (X) Addition
Name: DETTMERS, MICHAEL V
Address: 285 W. CENTRAL PKWY., SUITE 1726
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: P () Change (X) Addition
Name: FLEMING, DAVID M
Address: 285 W. CENTRAL PKWY., SUITE 1726
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID M FLEMING

P

02/22/2007

Electronic Signature of Signing Officer or Director

Date