



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90145 020 ***150.00

DOCUMENT # P07000011112 1. Entity Name ATHLETES IN MOTION, INC.					
Principal Place of Business 5203 PINEHURST DR BOYNTON BEACH, FL 33426			Mailing Address 5203 PINEHURST DR BOYNTON BEACH, FL 33426		
2. Principal Place of Business - No P.O. Box # 1885 PALM COVE BLVD #108		3. Mailing Address 1885 PALM COVE BLVD #108			
Suite, Apt. #, etc. Delray BEACH FL		Suite, Apt. #, etc. Delray BEACH, FL			
City & State Delray BEACH FL		City & State Delray BEACH, FL			
Zip 33445		Country United States		04232008 Chg-P CR2E034 (12/06)	
4. FEI Number 75-3234434		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEUTSCH, HANNON 5203 PINEHURST DR BOYNTON BEACH, FL 33426		7. Name and Address of New Registered Agent Name Hannon DEUTSCH Street Address (P.O. Box Number is Not Acceptable) *CHANGE OF ADDRESS* 1885 PALM COVE BLVD #108 City Delray BEACH FL Zip Code 33445			
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 <u><i>Hannon Deutsch</i></u> 4/23/08 <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, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Hannon DEUTSCH 1885 PALM COVE BLVD #108 Delray BEACH, FL 33445		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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: <u><i>Hannon Deutsch</i></u> 4/23/08 561.302.9662 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					