2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000104459

WOODS, GEOFFREY

ORLANDO, FL 32803 US

2520 COLE ROAD

Name:

Address:

City-St-Zip:

Entity Name: HEALTH & FITNESS EXCHANGE, CORP.

FILED Jan 11, 2008 Secretary of State

Current P	rincipal Plac	e of Business:	New Principal Place o	New Principal Place of Business:	
	T COLONIAL D, FL 32803	DRIVE 110 US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
3208 EAST COLONIAL DRIVE 110 ORLANDO, FL 32803 US			2520 COLE ROAD ORLANDO, FL 32803	US	
FEI Number	: 26-1148205	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
2520 COL ORLANDO	D, FL 32803 e named entity	US submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATU	e of Florida. RF				
Electronic Signature of Registered Agent			ent	Date	
Election Ca	mpaign Financii	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P (RABER, ELIZ 2520 COLE R ORLANDO, FI	OAD	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	VEGES, ALAN 11911 SE 601		Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	S (WOODS, GEO 2520 COLE R ORLANDO, FI	OAD	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title:	Т () Delete	Title: () 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.

Name:

Address:

City-St-Zip:

SIGNATURE: GEOFFREY WOODS, CFO CFO 01/11/2008