## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P07000134937

FILED Sep 04, 2008 Secretary of State

Entity Name: NATIONAL PERSONAL TRAINING INSTITUTE OF FORT LAUDERDALE, INC.

Current Principal Place of Business: New Principal Place of Business:

3152 S 18TH STREET 2727 PHILMONT AVENUE

PHILADELPHIA, PA 19145 SUITE 109

HUNTINGDON VALLEY, PA 19006

Current Mailing Address: New Mailing Address:

3152 S 18TH STREET 2727 PHILMONT AVENUE

PHILADELPHIA, PA 19145 SUITE 109

HUNTINGDON VALLEY, PA 19006

FEI Number: 26-1591572 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:

MONANCELLO, LOUIS

2631 NE 14TH AVE APT 202

OKLAND PARK, FL 33334 US

EUGENE, MCILVAINE
2631 NE 14TH AVE APT 202

OKLAND PARK, FL 33334 US

OKLAND PARK, FL 33334 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: EUGENE MCILVAINE 09/04/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 MONACELLO, LOUIS
 Name:
 MCILVAINE, EUGENE

 Address:
 3152 S 18TH STREET
 Address:
 1620 OLD WELSH ROAD

City-St-Zip: PHILADELPHIA, PA 19145 City-St-Zip: HUNTINGDON VALLEY, PA 19006

Title: VP (X) Delete Title: ( ) Change ( ) Addition
Name: ARLIRA LISA Name:

 Name:
 ARLIRA, LISA
 Name:

 Address:
 2929 S JUNIPER STREET
 Address:

 City-St-Zip:
 PHILADELPHIA, PA 19148
 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: EUGENE MCILVAINE PRES 09/04/2008