

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000000600

Entity Name: FITNESS BY D-ZYNE, INC.

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

255 SUNRISE AVE.  
201  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

255 SUNRISE AVE.  
201  
PALM BEACH, FL 33480

**New Mailing Address:**

1570 S CANFIELD-NILES RD  
BUILDING C, SUITE 102  
AUSTINTOWN, OH 44515

FEI Number: 26-1666925

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MAURY, TRACY  
255 SUNRISE AVE  
201  
PALM BEACH, FL 33480 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MAURY, TRACY  
Address: 255 SUNRISE AVE, 201  
City-St-Zip: PALM BEACH, FL 33480

I hereby 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 all other like empowered.

SIGNATURE: TRACY MAURY

PD

02/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date