

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000026892

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: NRG FITNESS NETWORK, INC.

## Current Principal Place of Business:

540 NW 4TH AVENUE  
#1706  
FORT LAUDERDALE, FL 33311 US

## New Principal Place of Business:

1005 N FEDERAL HWY  
FORT LAUDERDALE, FL 33304 US

## Current Mailing Address:

540 NW 4TH AVENUE  
#1706  
FORT LAUDERDALE, FL 33311 US

## New Mailing Address:

1005 N FEDERAL HWY  
FORT LAUDERDALE, FL 33305 US

FEI Number: 26-2171014

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WARE, PETER J  
540 NW 4TH AVENUE  
#1706  
FORT LAUDERDALE, FL 33311 US

## Name and Address of New Registered Agent:

WARE, PETER J  
1005 N FEDERAL HWY  
FORT LAUDERDALE, FL 33305 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: PETER J WARE

03/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WARE, PETER J  
Address: 540 NW 4TH AVENUE #1706  
City-St-Zip: FORT LAUDERDALE, FL 33311 US

Title: VP, ( ) Delete  
Name: ABRAHAMS, STEVE  
Address: 2218 NE 15TH TERRACE  
City-St-Zip: WILTON MANORS, FL 33305 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: STEPHEN L ABRAHAMS

VP

03/30/2009

Electronic Signature of Signing Officer or Director

Date