

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000086161

Entity Name: VIRTUAL FUN & FIT, INC.

FILED
Aug 18, 2009
Secretary of State

Current Principal Place of Business:

713 VISTA MEADOWS DRIVE
WESTON, FL 33327 US

New Principal Place of Business:

16634 SADDLE CLUB ROAD
WESTON, FL 33326 US

Current Mailing Address:

713 VISTA MEADOWS DRIVE
WESTON, FL 33327 US

New Mailing Address:

16634 SADDLE CLUB ROAD
WESTON, FL 33326 US

FEI Number: 26-3458810

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLLARD, ANGELA-CLARE
951 SW 99TH AVENUE
PEMBROKE PINES, FL 33025 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KOHL, BINA F
Address: 713 VISTA MEADOWS DRIVE
City-St-Zip: WESTON, FL 33327 US

Title: VP () Delete
Name: BLAU, DAVID J
Address: 713 VISTA MEADOWS DRIVE
City-St-Zip: WESTON, FL 33327 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KOHL, BINA F
Address: 16634 SADDLE CLUB ROAD
City-St-Zip: WESTON, FL 33326 US

Title: VP (X) Change () Addition
Name: BLAU, DAVID J
Address: 16634 SADDLE CLUB ROAD
City-St-Zip: WESTON, FL 33326 US

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: BINA F. KOHL

P

08/18/2009

Electronic Signature of Signing Officer or Director

_____ Date