## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P11000030218

Entity Name: TEAM 3D FITNESS INC

FILED Apr 21, 2012 Secretary of State

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

498 SW DUVAL AVE 1350 SW BILTMORE AVENUE PORT ST LUCIE, FL 34983 PORT ST LUCIE, FL 34983

Current Mailing Address: New Mailing Address:

498 SW DUVAL AVE 471 SE RON RICO TERRACE PORT ST LUCIE, FL 34983 PORT ST LUCIE, FL 34983

FEI Number: 45-1147348 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:

DAVIS, ROBERT W
498 SW DUVAL AVE
PORT ST LUCIE, FL 34983 US

DAVIS, ROBERT W
471 SE RON RICO TERRACE
PORT ST LUCIE, FL 34983 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: 04/21/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: F

Name: DAVIS, ROBERT W

Address: 471 SE RON RICO TERRACE City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: VP

Name: DAVIS, ROBERT W

Address: 471 SE RON RICO TERRACE City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: S

Name: DAVIS, ROBERT W

Address: 471 SE RON RICO TERRACE City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: 7

Name: DAVIS, ROBERT W

Address: 471 SE RON RICO TERRACE City-St-Zip: PORT ST LUCIE, FL 34983 US

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: ROB DAVIS P 04/21/2012