

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P40706

Entity Name: SWIM AND SWEAT, INC.

FILED
Mar 16, 2005
Secretary of State

Current Principal Place of Business:

39 STANGLE RD
FLEMINGTON, NJ 08822

New Principal Place of Business:

Current Mailing Address:

39 STANGLE RD
FLEMINGTON, NJ 08822

New Mailing Address:

FEI Number: 22-2926042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BASTINELLI, WALTER, SR.
11685 POINT CIRCLE DR.
FT. MYERS, FL 33908 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCP () Delete
Name: BASTINELL, WALTER, S. R.
Address: 11685 POINT CIRCLE DR.
City-St-Zip: FT. MYERS, FL

Title: DS () Delete
Name: STEPHEN, LISA
Address: IDELAWARE RD
City-St-Zip: RIEGELSVILLE, PA 18077

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (X) Change () Addition
Name: STEPHEN, LISA
Address: DELAWARE RD
City-St-Zip: RIEGELSVILLE, PA 18077

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WALTER BASTINELLI

DCP

03/16/2005

Electronic Signature of Signing Officer or Director

Date