2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

AMENDED ANNUAL REPORT						FILED					
DOCUMENT # P93000037988								•		- 00	
1. Entity Name CENTRAL FLORIDA FITNESS, INC.							05	MAY 10	AM 9	: 00	
					SECRETARY OF STATE TALLAHASSEE, FLORIDA						
Principal Place of Business Mailing Address							TAL	LAHASSE	Ē, FLC	RIDA	
	MCMULLEN BOOTH ROAD	1580 NORTH MCMULLEN BOOTH ROAD- GLEARWATER: FL 33759-									
CLEARWATER	CLF 22122	20338th Ave MORIH		,, ,	1 (1991:97) (IN 1)	PIOR CILII BRIII BRIII. I	JAIN 88199 KIM KAR	1919 (2001)	II PRI NI CORDI		
2. Principal P	lace of Business	3L Peters bunb FL 33 904 3. Mailing Address			2						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				4400005	Ob D	OBOEOG	4 (40/07)		
		City & State			4132005 FEI Number	Chg-P	CHZEW	4 (10/03)	plied For		
City & State						59-3188		·-·	No	t Applicable	
Zip	Country	Zip	Zip Coun			5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
BUCHANAN, ROBERT A II				Name							
15601 GULF BOULEVARD REDINGTON BEACH, FL 33708				Street Address (P.O. Box Number is Not Acceptable)							
	·				203 38th Ave. North						
					St. Petersburg			FL 33704			
8. 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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE Signature hand or profest name of receivered areas and title 4 profestate (NOTE: Receivered Apent signature required when reinstational) DATE											
Signature, typed or priviled name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
Am	ended AR is \$61.25	9. Election Campa Trust Fund Cont		cing	\$5.00 Added to	May Be Fees					
10.	OFFICERS AND	DIRECTORS	11.			DDITIONS/C	HANGES TO O	FFICERS AND	DIRECTOR	S IN 11	
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12. hereby	certify that the information supplied with	this filing does not qualify fo	the eye	motion stated	d in Sectio	n 119.07(3)(i)	, Florida Statute	s. I further cert	fy that the i	nformation	
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to precise this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											
(Mydeal // Impre Wester 631 (727 61-1016)											
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF EXOMENT OF PRICES OR DIRECTOR DESCRIPTION DEED ON DIRECTOR DIRECTOR											