2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000067895

City-St-Zip:

POMPANO BEACH, FL 33369 US

Entity Name: BIOFITNESS SYSTEMS, INC.

FILED Apr 29, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place	New Principal Place of Business:		
	JTH COURSE	DRIVE U	NIT				
# 103 POMPANO	O BEACH, FL	33369	US				
Current Mailing Address:				New Mailing Addres	New Mailing Address:		
2671 SOU	ITH COURSE I	DRIVE					
# 103 POMPANO	O BEACH, FL	33369	US				
	: 65-0440750		nber Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Address of	Name and Address of New Registered Agent:		
1540 SW 4	, LEWIS W III 47TH ST JDERDALE, FI	L 33317	US				
	e named entity : e of Florida.	submits t	his statement for the	purpose of changing its registere	d office or registered agent, or both,		
SIGNATU	RE:						
Electronic Signature of Registered Agent				gent	Date		
Election Ca	mpaign Financin	g Trust Fu	nd Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CPD () ZEIGMAN, STE 2671 SOUTH C POMPANO BEA	OURSE DE		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DT () CURRIER, III, L 2671 SOUTH C POMPANO BE	OURSE DE		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address:	DS () WELLS-CURRI 2671 SOUTH C			Title: Name: Address:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: STEVEN R ZEIGMAN CPD 04/29/2006