
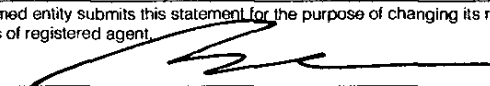
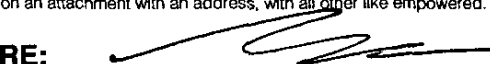


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P93000084698 1. Entity Name THE ZOO-A HEALTH CLUB, INC.						FILED 05 JUL -5 PM 3: 16 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3001 SE 5 STREET FT LAUDERDALE, FL 33316				Mailing Address 3001 SE 5 STREET FT LAUDERDALE, FL 33316			
2. Principal Place of Business Suite, Apt. #, etc. 				3. Mailing Address Suite, Apt. #, etc. 			
City & State 				City & State 			
Zip 		Country 		Zip 		Country 	
4. FEI Number 65-0454503				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ROSE, JACK 3001 SE 5 STREET FT LAUDERDALE, FL 33316				7. Name and Address of New Registered Agent Name Don Thorne Street Address (P.O. Box Number is Not Acceptable) 3001 SE Fifth St. City Fort Lauderdale FL Zip Code 33316			
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 6-25-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ED ROSE, TARI 3001 SE 5 STREET FT LAUDERDALE, FL 33316 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Don Thorne 3001 SE Fifth St. FT Lauderdale, FL. 33316 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	H ROSE, JACK 3001 SOUTHEAST 5TH STREET FORT LAUDERDALE, FL 33316 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	ED Eric Henderson 3001 SE Fifth St. FT Lauderdale, FL 33316 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 6-25-05 (954) 525-7010 <small>Date Daytime Phone #</small>			