

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

07 MAR -2 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02142007 No Chg-P CR2E034 (11/05)

DOCUMENT # P94000056187 1. Entity Name ABLE BODY FRANCHISE MARKETING GROUP, INC.	
----------------------------------------------------------------------------------------	--

Principal Place of Business 3040 GULF TO BAY BLVD. CLEARWATER, FL 33759	Mailing Address 3040 GULF TO BAY BLVD. CLEARWATER, FL 33759
-------------------------------------------------------------------------------	-------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3467701	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMONT, DAVID
3040 GULF TO BAY BLVD.
CLEARWATER, FL 33759

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

600092277236
03/12/07--01017--010 **3961.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MONGELLUZZI, FRANK 30750 U.S. HWY. 19 NORTH PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

K. Eckel MAR 05 2007

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Frank Mongelluzzi Date: 2/16/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #