2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000044585

1. Entity Name
ECLIPSE PERSONAL TRAINING CENTER, INC.

Principal Place of Business	Mailing Address
499 W FAIRBANKS AVE WINTER PARK, FL 32789	499 W FAIRBANKS AVE WINTER PARK, FL 32789

01182006   No Chg-P   CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3318909	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SOLIS, EMILIO H.
499 W FAIRBANKS AVE
WINTER PARK, FL 32789

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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, 2006 Fee will be $550.00 | 9. Election Campaign Financing
Trust Fund Contribution. ☐ | **$5.00** May Be
Added to Fees | |

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SOLIS, EMILIO H
STREET ADDRESS	499 W FAIRBANKS AVE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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02/20/06-80014-023 150.00

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Emilio H. Soles_   2/8/06   407-921-C

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #   CFCC