2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000074623

FILED Apr 27, 2005 Secretary of State

Entity Name: BODY BIZZ HEALTH & FITNESS CENTER OF PENSACOLA, INC.

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|--|---|--------------------------------------|---|--|--|
| 801 E CER PENSACO | VANTES LA, FL 32501 | US | | | |
| Current Ma | ailing Address | :: | New Mailing Addres | New Mailing Address: | |
| 301 E CERVANTES PENSACOLA, FL 32501 US | | 3109 WATERVIEW [MILTON, FL 32583 | 3109 WATERVIEW DR MILTON, FL 32583 US | | |
| FEI Number: | 59-3356542 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address | Name and Address of New Registered Agent: | |
| SHARP, CASSANDRA L 3109 WATERVIEW DR. MILTON, FL 32583 US | | | | | |
| 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. | | | | | |
| SIGNATURE: | | | | | |
| Electronic Signature of Registered Agent | | | nt | Date | |
| Election Campaign Financing Trust Fund Contribution (). | | | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PST (X) SHARP, CASSAI 3109 WATERVIE MILTON, FL 325 | W DR | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP () I SHARP-STRAWI 3109 WATERVIE MILTON, FL 328 | W DR | Title: Name: Address: City-St-Zip: | () Change () Addition | |

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

SIGNATURE: NANCY SHARP-STRAWN VP 04/27/2005