

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000055869

Entity Name: FIT DIMENSIONS, INC.

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

1327 SAXON DRIVE
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

1327 SAXON DRIVE
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

FEI Number: 59-3460216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILZEWSKI, BERND
1327 SAXON DR
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WILCZEWSKI, BERND
Address: 520 NATURE CREEK LN.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VP () Delete
Name: WILCZEWSKI, RAINER
Address: DALANDWEG 25
City-St-Zip: BERLIN, GE 12167

Title: ST () Delete
Name: COLLINS, KARIN
Address: 520 NATURE CREEK LN
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: BERND WILCZEWSKI

DP

04/22/2009

Electronic Signature of Signing Officer or Director

Date