2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 09, 2005
Secretary of State

DOCUMENT# P97000077419

Entity Name: BSA FITNESS ENTERPRISES, INC.

Current Principal Place of Business:

4400 PGA BLVD.
SUITE 700
PALM BEACH GARDENS, FL 334100

New Principal Place of Business:

4400 PGA BLVD.
SUITE 900
PALM BEACH GARDENS, FL 334100

Current Mailing Address:

4400 PGA BLVD.
SUITE 700
PALM BEACH GARDENS, FL 334100

New Mailing Address:

4400 PGA BLVD.
SUITE 900
PALM BEACH GARDENS, FL 334100

FEI Number: 65-0781760 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOYER, JOHN W
4400 PGA BLVD.
SUITE 700
PALM BEACH GARDENS, FL 334100 US

Name and Address of New Registered Agent:

BOYER, JOHN W
4400 PGA BLVD.
SUITE 900
PALM BEACH GARDENS, FL 334100 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: _____ 08/09/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: BOYER, JOHN W
Address: 734 SAVOY POINT LN
City-St-Zip: N PALM BEACH, FL 33410

Title: VD (X) Delete
Name: SCHNEIDER, DAVID E
Address: 10060 NW 62ND STREET
City-St-Zip: PARKLAND, FL 33076

Title: VDS (X) Delete
Name: ANGERS, GERALD R
Address: 784 ENFIELD ST
City-St-Zip: BOCA RATON, FL 33487

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 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: JOHN W. BOYER DPT 08/09/2005
Electronic Signature of Signing Officer or Director — Date