2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000093460

Entity Name: WILSON'S ATHLETIC CLUBS, INC.

FILED Mar 29, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2645 OBELISCO PLACE 7109 AVIARA DRIVE

CARLSBAD, CA 92009 US CARLSBAD, CA 92009 US

Current Mailing Address: New Mailing Address:

C/O ERNEST L. MASCARA, PA
475 CENTRAL AVENUE, SUITE M-8
475 CENTRAL AVENUE, SUITE 202
ST. PETERSBURG, FL 33701 US
57. PETERSBURG, FL 33701 US

FEI Number: 59-3478205 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MASCARA, ERNEST L
KRESS BUILDING, SUITE M-8
475 CENTRAL AVENUE
SAINT PETERSBURG, FL 33701 US
MASCARA, ERNEST L
KRESS BUILDING, SUITE 202
475 CENTRAL AVENUE
SAINT PETERSBURG, FL 33701 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: ERNEST L. MASCARA 03/29/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 WILSON, RAY
 Name:
 WILSON, RAY

 Address:
 2645 OBELISCO PLACE
 Address:
 7109 AVIARA DRIVE

 City-St-Zip:
 CARLSBAD, CA 92009 US
 City-St-Zip:
 CARLSBAD, CA 92009 US

Name: EDD, PAM Name: EDD, PAM

Address: 1330 BLUE HERON AVENUE Address: 1676 ARYANA DRIVE
City-St-Zip: ENCINITAS, CA 92024 US ENCINITAS, CA 92024 US

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: PAM EDD S 03/29/2005