# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2009**
**Secretary of State**

DOCUMENT# P97000108026

**Entity Name:** OPTIMUM HEALTH AND FITNESS, INC.

**Current Principal Place of Business:**

7988 LAKEWOOD COVE CT.
LAKE WORTH, FL 33467

**New Principal Place of Business:**

6503 N. MILITARY TRAIL
2002
BOCA RATON, FL 33496

**Current Mailing Address:**

7988 LAKEWOOD COVE CT.
LAKE WORTH, FL 33467

**New Mailing Address:**

6503 N. MILITARY TRAIL
2002
BOCA RATON, FL 33496

**FEI Number: 59-3487837** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

O'HARE, SHAUN E
7988 LAKEWOOD COVE CT
LAKE WORTH, FL 33467 US

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

O'HARE, SHAUN E
6503 N. MILITARY TRAIL
2002
BOCA RATON, FL 33496 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: _____ 04/27/2009
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: O'HARE, SHAUN E
Address: 7988 LAKEWOOD COVE CT
City-St-Zip: LAKE WORTH, FL 33467

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

Title: P (X) Change ( ) Addition
Name: O'HARE, SHAUN E
Address: 6503 N. MILITARY TRAIL, #2002
City-St-Zip: BOCA RATON, FL 33496

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: SHAUN O'HARE PRES 04/27/2009
Electronic Signature of Signing Officer or Director — Date