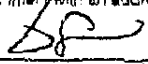


FILED
Mar 13, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000013221		
1. Entity Name S & D GYM ENTERPRISES, INC.		
Principal Place of Business 9471 BAYMEADOWS RD., #108 JACKSONVILLE, FL 32256		Mailing Address 9471 BAYMEADOWS RD., #108 JACKSONVILLE FL 32256
DO NOT WRITE IN THIS SPACE		
		02222006 No Chg-P CR2EG34 (11/05)
		4. FBI Number 59-3493632 Applied For (Not Applicable)
		8. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SCHOENBORN, MARK E 9471 BAYMEADOWS RD., #108 JACKSONVILLE, FL 32256		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with and accept the obligations of registered agent.		
SIGNATURE _____ Fig. 8.1.1. Signature printed on top of registered agent and, if applicable, (STATE) Registered Agent's address (required when not blank) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$650.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P SCHOENBORN, MARK 9471 BAYMEADOWS RD., #108 JACKSONVILLE, FL 32256	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP DOLL, CHARLES 9471 BAYMEADOWS RD., #108 JACKSONVILLE, FL 32256	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  MARK SCHOENBORN		7-8-06 739-2884 (704)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Ons On the inside