2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000019847

Entity Name: PARADISE HEALTH & FITNESS, INC.

FILED May 12, 2007 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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1706 NORTH ROOSEVELT BLVD. KEY WEST, FL 33040 US

Current Mailing Address: New Mailing Address:

1706 NORTH ROOSEVELT BLVD. KEY WEST, FL 33040 US

FEI Number: 65-0827902 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:

KOLESSAR, ALICE J WHEATON, THOMAS M
1706 N ROOSEVELT BLVD
KEY WEST, FL 33040 US KEY WEST, FL 33040 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: THOMAS M. WHEATON 05/12/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: P (X) Change () Addition Name: KOLESSAR, ALICE Name: THOMASE, WHEATON

Address: 2209 STAPLES AVENUE Address: 1706 N ROOSEVELT BLVD City-St-Zip: KEY WEST, FL 33040 City-St-Zip: KEY WEST, FL 33040

 Name:
 WHEATON, TOM
 Name:

 Address:
 2505 PATTERSON AVENUE
 Address:

 City-St-Zip:
 KEY WEST, FL 33040
 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: THOMAS M. WHEATON P 05/12/2007