2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P98000028140

Entity Name: FITNESS BY DESIGN OF NAPLES, INC.

Current Principal Place of Business:

451 BAYFRONT PLACE
5201
NAPLES, FL 34102 US

New Principal Place of Business:

410 BAYFRONT PLACE
2402
NAPLES, FL 34102 US

Current Mailing Address:

PO BOX 9973
NAPLES, FL 34101 US

New Mailing Address:

FEI Number: 59-3501217 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEAVITT, PAULA M
451 BAYFRONT PLACE
#5201
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

LEAVITT, PAULA M
410 BAYFRONT PLACE
2402
NAPLES, FL 34102 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: _____ 04/29/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: LEAVITT, PAULA M
Address: 451 BAYFRONT PLACE #5201
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: LEAVITT, PAULA M
Address: 410 BAYFRONT PLACE #2402
City-St-Zip: NAPLES, FL 34102

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: PAULA M. LEAVITT DP 04/29/2005
Electronic Signature of Signing Officer or Director — Date