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Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90382 049 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10079752

DOCUMENT # P98000037670

1. Entity Name
GET FIT, INC.

Principal Place of Business	Mailing Address
3850 GALT OCEAN DRIVE #2001 FORT LAUDERDALE, FL 33308	3850 GALT OCEAN DRIVE #2001 FORT LAUDERDALE, FL 33308

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
733 Seagate Dr.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Delray Beach FL	City & State
Zip: 33483 Country: USA	Zip / Country

4. FEI Number 65-0841219 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KING, RUSSELL K ~~3850 GALT OCEAN DR STE 2001~~ ~~FORT LAUDERDALE, FL 33308~~	Name Street Address (P.O. Box Number Is Not Acceptable) 733 Seagate Dr. City Delray Beach FL Zip Code 33483

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 [signature] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 4/14/03

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, CHRISTINE M 733 SEAGATE DR DELRAY BEACH, FL 33483	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, RUSSELL K 733 SEAGATE DR DELRAY BEACH, FL 33843	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/14/03 Date 561-274-8445 Daytime Phone #

Christine M King
President