2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000104113

1. Entity Name
BODY*TECH FITNESS EMPORIUM, INC.

Principal Place of Business	Mailing Address
3960 PREMIER NORTH DRIVE	3960 PREMIER NORTH DRIVE
TAMPA, FL 33618	TAMPA, FL 33618

DO NOT WRITE IN THIS SPACE

07152006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3547081	Not Applicable

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

6. Name and Address of Current Registered Agent

GARDNER, TIM
5715 PINEY LANE DRIVE
TAMPA, FL 33625

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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, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees   In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	GARDNER, TIM
STREET ADDRESS	3960 PREMIER NORTH DRIVE
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	VP
NAME	GARDNER, BRANDIE
STREET ADDRESS	3960 PREMIER NORTH DRIVE
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/21/06-80004-009 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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: _T Gar_____ | _TIM GARDNER_   7-17-06   813.908 7763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #