

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000105445

FILED
Apr 12, 2006
Secretary of State

Entity Name: FOREVER FIT LIFESTYLE CENTERS, INC.

Current Principal Place of Business:

195 S WESTMONTE DRIVE
STE 1128
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

195 S WESTMONTE DRIVE
STE 1128
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

PO BOX 160816
ALTAMONTE SPRINGS, FL 32716 US

FEI Number: 59-3545844

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHANT, WENDY L.
1568 THORNAPPLE LANE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHANT, WENDY L
Address: 1568 THORNAPPLE LANE
City-St-Zip: SANFORD, FL 32771

Title: VP () Delete
Name: DEXTER, RACHEL
Address: 4446 DRAYTON LANE
City-St-Zip: OVEIDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WENDY L. CHANT

PRES

04/12/2006

Electronic Signature of Signing Officer or Director

Date