2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000108291

FILED May 01, 2006 Secretary of State

Entity Na	me: JOHNST	ON FITNESS CORP.			
Current Principal Place of Business:			New Principal Place of Business:		
3911 W. V	VATERS AVE				
STE 9 TAMPA, F	L 33614				
Current Mailing Address:			New Mailing Address:		
P.O. BOX TAMPA, F					
FEI Number	: 59-3567710	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:		
DOWD, JEFFREY A P.A. 3016 US HWY 301 N STE 900 TAMPA, FL 33619 US			DOWD, JEFFREY A P.A. 609 W. LUMSDEN RD. BRANDON, FL 33511 US		
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its regist	ered office or registered agent, or both,	
SIGNATUI	RE:			05/01/2006	
Electronic Signature of Registered Agent			ent	Date	
Election Car		93(2)(b), F.S., the corporation did no g Trust Fund Contribution().	•	NGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (JOHNSON, JO) Delete DIE E ERS AVE- STE 9	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DOWD, JEFFF	ERS AVE- STE 9	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VICKERS, M.	ERS AVE- STE 9	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: JODIE E JOHNSON PD 05/01/2006