## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000013648

2520 DERBY DRIVE

SORRETO, FL 32776

Address:

City-St-Zip:

Entity Name: PLATINUM GYM, INC.

FILED Apr 10, 2007 Secretary of State

<b>_</b>		7 (V) ( V)				
Current Principal Place of Business:			New Principal Place of Business:			
4050 W. S SANFORE	R 46 D, FL 32771					
Current Mailing Address:			New Mailing Address:			
4050 W. S SANFORE	SR 46 D, FL 32771					
FEI Number	: 59-3645222	FEI Number Applied For()	FEI Number Not Appl	cable ( ) Ce	rtificate of Status Desired()	
Name and	Address of (	Current Registered Agent:	Name and	Address of New	Registered Agent:	
	S, JULIE STATE RD. 46 D, FL 32771	US				
	e named entity e of Florida.	submits this statement for the p	urpose of changing i	s registered office	e or registered agent, or both,	
SIGNATUI	RE:					
	Electro	nic Signature of Registered Age	ent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P ( KNOWLES, JU 4050 W.STATE SANFORD, FL	E RD. 46	Title: Name: Address: City-St-Zip:	( ) Cha	inge()Addition	
Title: Name: Address: City-St-Zip:	VP ( TERWILLIGER 2520 DERBY I SORRETO, FL	DRIVE	Title: Name: Address: City-St-Zip:	VP (X) Cha KOGA, LYNN 1656 SHADOW MO LK MARY, FL 3274		
Title: Name: Address: City-St-Zip:	T ( KNOWLES, JU 4050 W. STAT SANFORD, FL	E RD. 46	Title: Name: Address: City-St-Zip:	( ) Cha	inge ( ) Addition	
Title: Name:	S ( TERWILLIGER	) Delete R, AILEEN	Title: Name:	S (X) Cha	ange ( ) 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.

Address:

City-St-Zip:

SIGNATURE: JULI KNOWLES PRES 04/10/2007

1656 SHADOW MOSS CIR

LK MARY, FL 32746