2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2009
Secretary of State

DOCUMENT# P99000021313

Entity Name: KOKOPELLI'S GYM, INC.

Current Principal Place of Business:

1285 SEMINOLA BLVD
#117-200
CASSELBERRY, FL 32707 US

New Principal Place of Business:

390 SANSU COURT
LONGWOOD, FL 32750 US

Current Mailing Address:

1285 SEMINOLA BLVD
#117-200
CASSELBERRY, FL 32707

New Mailing Address:

PO BOX 181792
CASSELBERRY, FL 327181792

FEI Number: 59-3561062 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POLLOCK, ADAM
1285 SEMINOLA BLVD
#117-200
CASELBERRY, FL 32707 US

Name and Address of New Registered Agent:

POLLOCK, ADAM
390 SANSU COURT
LONGWOOD, FL 32750 US

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: 05/12/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: POLLOCK, ADAM
Address: 1285 SEMINOLA BLVD #117-200
City-St-Zip: CASSELBERRY, FL 32707

Title: V ( ) Delete
Name: POLLOCK, LARRY
Address: 1285 SEMINOLA BLVD #117-200
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: POLLOCK, ADAM
Address: PO BOX 181792
City-St-Zip: CASSELBERRY, FL 32718

Title: V (X) Change ( ) Addition
Name: KOCH, LAURAN
Address: PO BOX 181792
City-St-Zip: CASSELBERRY, FL 32718

I hereby certify that the information supplied with this filing does not qualify 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: ADAM POLLOCK P 05/12/2009
Electronic Signature of Signing Officer or Director Date