

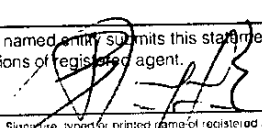
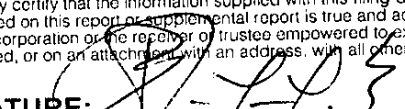


FILED
Apr 03, 2006 8:00 am
Secretary of State

30000013

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|--|--|---|---|--|--|
| DOCUMENT # P99000067515 | |  | | Secretary of State | |
| 1. Entity Name FIT FOR FUN, INC. | | | | 04-03-2006 90415 038 ***150.00 | |
| Principal Place of Business 2175 ALOMA AVE. WINTER PARK, FL 32792 | | Mailing Address 1850 W FAIRBANKS AVE STE B WINTER PARK, FL 32789 | | 00000013 | |
| 2. Principal Place of Business 1850 W. Fairbanks Ave. | | 3. Mailing Address 1850 W. Fairbanks Ave | |  | |
| Suite, Apt. #, etc. Suite B | | Suite, Apt. #, etc. Suite B | | 01272006 Chg-P CR2E034 (11/05) | |
| City & State Winter Park, FL | | City & State Winter Park, FL | | 4. FEI Number 59-3593135 | |
| Zip 32789 | | Zip 32789 | | Applied For Not Applicable | |
| Country USA | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| SCHMELING, SERGIO V 320 HANNIBAL SQ. EAST WINTER PARK, FL 32789 | | | | Name Sergio Von Schmeling | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) 1850 W. Fairbanks Ave., Ste B | |
| | | | | City Winter Park | |
| | | | | FL | |
| | | | | Zip Code 32789 | |
| 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  DATE 03/27/2006 | | | | | |
| (NOTE: Registered Agent signature required when reinstating) | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| PSTD SCHMELING, SERGIO V 1680 OAKHURST AVE. WINTER PARK, FL 32789 | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| <input type="checkbox"/> Delete | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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:  DATE 03/27/2006 407-740-6747 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |