

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000087537

Entity Name: BODFIT/SIX, INC.

FILED
Mar 26, 2008
Secretary of State

Current Principal Place of Business:

8701 N DALE MABRY HWY
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

8701 N DALE MABRY HWY
TAMPA, FL 33614

New Mailing Address:

FEI Number: 59-3609990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUPONT, TOM
18639 AVENUE CAPRI
TAMPA, FL 33558 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: PSD () Delete
Name: PENA, TYRONE
Address: 15215 AMBERLY DR. #212
City-St-Zip: TAMPA, FL 33647

Title: VPT () Delete
Name: DUPONT, TOM
Address: 18639 AVENUE CAPRI
City-St-Zip: TAMPA, FL 33558

Title: VP () Delete
Name: BLEND, JOHN
Address: 17425 CEDARWOOD LOOP
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: TOM DUPONT

VPT

03/26/2008

Electronic Signature of Signing Officer or Director

Date